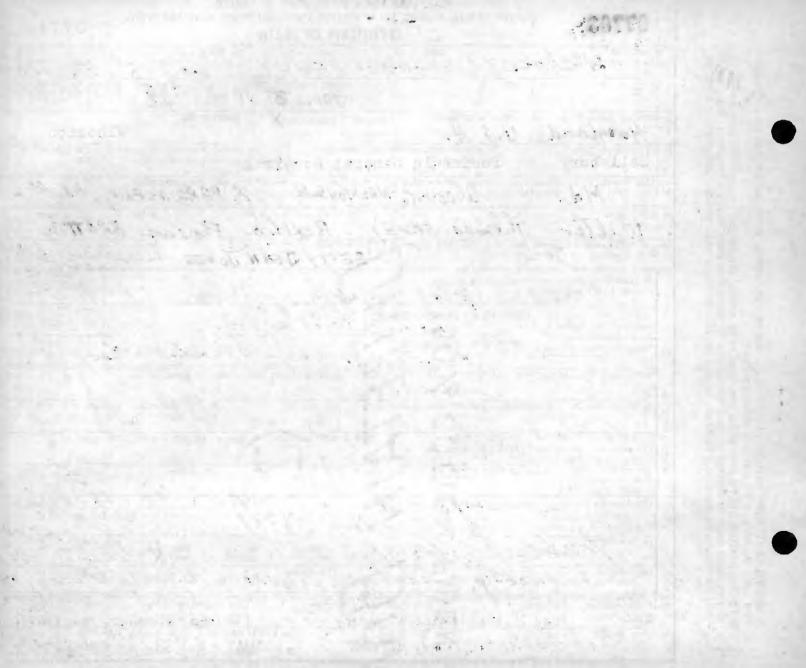


1			) STATE DEPARTMENT OF HEA 301 W. PRESTON STREET, BALTIMO		
	07707		ERTIFICATE OF DEATH		07711
{Typ	EASED-NAME First pe or print) MAR		ANDERSON	Po. DATE OF DEATH  Month  Day  23	Yeg 8 2:08 M
3. SEX	Female'	4. RACE White	S. DATE OF BIRTH May 22, 1909	last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
countr	RTHPLACE (Stote or foreign y) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED		icomico Md.
10. CIT	Salisbury		General Hospital 120. USUAL Of during most	occupation (Kind of work done of working life, even if retired.) Housewite	12b. KIND OF BUSINESS OR INDUSTRY none
odmiss	SUAL RESIDENCE (Where decease sign) STATE Maryland		13c. CITY OR TOWN Salisbury  13d. INSIDE CITY LIMITS: YES NO		venue
14. FA1	THER'S NAME First  John	Middle Lost W. Marshal	IS. MOTHER'S MAIDEN NAME First Ella	Middle May	Smith
		AED FORCES? Arr or dates of service)  217 - 14 - 352		Address 15 all, Salisbury,	
c r s k	Conditions, if any which gove is to tim mediate cause (a), stating the underlying cause ast.  PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR CONE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION X	9a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
₹ [	To. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF OEA If either, natify medical exami	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter na	ture of injury in Part 1 ar Part 2, It	em 18.)
	21d. INJURY OCCURRED 21e. While Not while twork at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Jown	County Stats
	saw the deceased of	is haspital) attended the decease live an1se. (1) (we) (did) (did nat) view the b	and that in (my) (aur) apinio	n death accurred an the date	, that (I) (we) last e and havr and fram the
	22b. SIGNATURE	rie Hearle	DEGREE ATTENDING MED.	STAFF C	23, 1968
2	22d. PHYSICIAN'S NAME (Type) Dr. C	arrie Hearn		sion St., Salish	oury, Maryland
	DEMONIAL IC STA	1	EMETERY OR CREMATORY 2  nill Memory Gardens 250. REC'D BY R		
24. 10		OMPANY, SALISBURY	I MAY	27 1968 Jan	les Judge

THE PERSON NAMED IN COLUMN 2 I \$ and the same 347 AU1 34 R MST moviesola. The same of the sa and the second of the second o 



	1			ID STATE DEPARTMENT OF H		
2		DIVIS		301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201	THHAS
F .		02503		CERTIFICATE OF DEATH		07713
£25.		CEASED-NAME First ype or print)	Middle	Last	2o. DATE OF DEATH Month Day	Yegr 2b. HOUR
death death		204156		Ayers	MAY 25	- 1968 4 FWM
章	3. SE	X 4. R/		% DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
S S S S S S S S S S S S S S S S S S S	_	FEMALC	NegRo	Dec. 27 190	23 64 YRS.	
Pod I is and in the second	70. E		ZEN OF WHAT COUNTRY?	WHY WIED THE ACK WAKKIED	). COUNTY OF DEATH	icomico
A Post	1	TY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED		MG.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after.  Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the functor, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers: Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematilan, or removal, and in any event, within 72 haurs after		Salisbury	Pentingula	General Hospiter	OCCUPATION (Kind of work done st of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
inted implet ve car ve car event,		USUAL RESIDENCE (Where deceased lived ssian), STATE 13b.	if institution: Residence before	Spece H. 11 YES NO		57
d co	14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME Fin	st Middle	Last
be an an are re-		Wallace	Whari	San George	ismas Gi	1/otte
ate iciar leas and		WAS DECEASED EVER IN U.S. ARMED FOR		NO. 17. INFORMANT	Address	
tific shys		es, no, or unknown) (If yes give war or dates	- Un Known	Mrs. Edna 9/20	Kson Snow to	1:11 1111
ng p The		18. CAUSE OF DEATH (Enter only one of	ouse per line for (a), (b), and (c	11 1 10 /	0-0	APPROXIMATE INTERVAL BETWEEN DISET INO DEATH
eath endii nit. or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	E(0) Conge	stire fears	Horton	stone   mel
affe affe an,			E TO, OR AS CONSEQUENCE OF	1-16	XE.	11/11
the the sit mat		Conditions, if any, which gave ) rise to immediate couse (a),	(b) 1999er	censor dens	Durther	Old Kurn
tran		stating the underlying cause DU	E TO, OR AS A CONSEQUENCE OF			
ysic ned rial-		last.	(c)			
Page 4 may be retained by the haspital or attending physician.  Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 shauld be detached for use as the burial-transit permit. Then please remave can should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event	N	443 × Memie	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CO		
lay lay lend send send send as to as to as to as to a serial seri	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION	ON FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
r aft use	E E	210. ACCIDENT WAS UNDERLYING   2	A Place or Halliphy	YES NO		. 10)
CIAN: ital o ificati for for if Hee	MEDICAL C		b. TIME OF INJURY OUR A.M. Month Doy Yeo P.M.		noture of injury in Port 1 or Part 2, I	tem 18.)
HYSIO hasp cert rched spt. o	MED	21d INJURY OCCURRED 21e PLACE O		ACTORY.) 21f. LOCATION Street or R.F.D. Na.	Gity or Tawn /	County State
this det		While Not while at work	( )	dall	10/ //	ser .
by the Stat		22a. I certify that (I) (this hasp	pital) attended the deseas	sed from S 7 19 6		ba, that (I) (we) last
R: A		saw the deceased alive or causes stated abave, (1) (y			ian death accupted on the da	te and nour ond from the
shair shair		22b. SIGNATURE	1		22c. 1	DATE SIGNED
OR Se a		1.10		DEGREE PHYS.	ED. STAFF RECTOR PHYS.	
May RAL Degine file		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
DSP 4 1 INEF		BURIAL CREMATION. 23b. DATE	Ing. MANE OF	CUNITION OF TAXABLE	23d. LOCATION (City or Town)	(County) (State)
Share Share	250.	TREMOVAL (Specify)	IGE CONTROLL	CEMETERY OR CREMATORY	- 11122	(County) (State)
111	24.	FUNERAL DIRECTOR	ADDRES	S 2So. REC'D BY	REGISTRAR 25b. REGISTRAR'S	SIGNATURE
30M REV	1	man t. Wome	s Snow +	Ι	Y 29 1968 gell	arles Judge



	1	MAKYLAND STATE DEPARTMENT OF HEALTH
and the second	١.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		Items, 586, FilmG401 6/12/68km CERTIFICATE OF DEATH
= = = =		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
funeral and 2 er death.		Type or print) Libble MAR Backbard man Month Doy great 8 A.M
Ter Ter	3. SI	
S ASA	1	erate 10000 sury s, 112 sc vrs.
\$ (3 ME)	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
A hours after death by the funeral papers I and in 172 hours after death		Maryland U.S.A. WIDOWED XI DIVORCED WICOMICO Md.
是差錯力	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done derived most of working life, even if refired.)  12b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY
cecuted within campletely it nave carban by event, with	120	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UMNISS? 13e. STREET AND NUMBER
mple co	odro	ission) State 13b county (Fish No
e execution campains and campains on any ev		FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
and and rem		James Elzey Mary Elzey
rie le	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT Address
equires that the death certificate be executed within physician. signed by the attending physician and campletely the burial-transit permit. Then please remove carban purial, cremation, ar removal, and in any event, within	1	(to pool or unknown) (the grow wor or dottes of service) Robert Elzey Salisbury, Maryland
le death certifi attending phy: permit. Then portion, ar removal		18. CAUSE OF DEATH (Enter only one cause per line-for (o)//b), and (c).) }
ndin iit. ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cores al Vasen on Burden. Scharge.
ne death attendir permit. ian, ar re	Н	436,0 DUE TO, OR AS A CONSEQUENCE OF
the sit p		Conditions, if any, which gave hise to immediate couse (a). (b) further lesson -
s that t cian. d by the l-transit		stating the underlying cause DUE TO, OR AS A DUBNEQUENCE OF
equires than physician. signed by v burial-tran: burial, crem		lost. (c)
ATTENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and cample shauld be detached far use as the burial-transit permit. Then please remove call the State Dept. af Health prior ta burial, crematian, ar removal, and in any event the State Dept.	L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
aw ra iding been the or ta	<u>≅</u>	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending attending has been se as the th prior ta	CERTIFICATION	YES NO CAUSES OF DEATH?
ar or use		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
CLA Iffice If He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M.
DING PHYSICIAN: The law raby the haspital ar attending lifer this certificate has been be detached far use as the State Dept. af Health prior ta	MEE	21d. INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, 1/2 21f. LOCATION Street or R.F.D. No. City or Town a County State
the this this deta		While Not while at work Art work
by 1 fter be o		220. I certify that (I) (this hospital) attended the degeosed from 2/24, 1958, to 5/21/1900, that (I) (we) lost
OR ATTENDING be retained by SIRECTOR: After e 3 shauld be ed with the Stat		saw the deceased alive on
ATT ATT Shair shai		22b. SIGNATURE 22c. DATE SIGNED
OR be re 3 ed w		DEGREE PHYS. DIRECTOR DIRECTOR PHYS.
AL Day le file e file		22d. PHYSICIAN'S 22e. ADDRESS
SPII 4 m		NAME (Type)
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5-5-1	04	REMOVAL (Specify) 5/23/68 Green Areas Cemetery Salisbury Vicomico Md.
VR A15 VU 30M REV. M88	24.	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE JUN 4 1868  ADDRESS  ADDRESS  DATE JUN 4 1868
ann ver illa	4	linger of shill at said may DATE JUN - "

P A The Arthur Manager Charles 4 4 4 A STATE OF THE STA

_ 1 \	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DURI	DECEASED NAME First M-ddle Last 2a. DATE KNOWN Month Day Year 2b H (Type or Print)  OF ESTI-	OUR3
~ 5 \$ ° . √2 €	Walter T. Barclay   DEATH MATED □ 5- 23 1968 P	M
d 3 d 3	SEX 4 RACE S DATE OF BIRTH 6 AGE in years Funder YEAR IF JINDER 24 HRS 20 DATE PRONOUNCED DEAD 2d F  TVT 2 DATE OF BIRTH MONTHS DAYS HOURS MAIN Month 5 Day 24 Year 68 44	IOUR
2, and 3 to PM3. Page	Male   Medio   15/59/1030   AT AR	W
2, 2	BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
ofter deoth (S. Give Pages 1, along with form with the State Deleath	Maryland U.S. WIDOWED DIVORCED Wicomico	Md.
oth Sta	CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (if not in hospital 120. USDAT OCCUPATION (Kind of work done 126. KIND OF BUSINESS C	JR
de re F	Nanticoke	
s ofter 18. Gra along with death	BO USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
2 w dec	odmission) STATE Mid.   13b (OUNTY Wicomico Nanticoke YES & NO	
haurs ofter deoth any litem 18. Give Pages 1, 2, Office along with form Phond 1 ond 2 with the State Deparater death	. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last	
24 haurs ofter deoth in Item 18. Give Pages r's Office along with for ss Iond 2 with the State rs after death	Asbury Barclay Arletta Nutter	
hin 24 ncil in niner's poges hours	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
I within n pencil Exomine File poge 72 hou	(Yes, ne, or unknown)   (Myes ser, wer or doines of service)   098-055-486   Mrs Verdella Barclay Nanticoke Md	
vuld be executed wit vord "pending" in pe te Chief Medical Exor ol-transit permit. File ony event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)	i. Ath
cute mg" mrith	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) helder Communication (g)	
exe Me Me	5/, 9 DUE TO, OR AS A CONSEQUENCE OF PC	
be "pe "inef	(anditions, fony, which gave is to immediate cause (a). (b)	
ord ord ord ord ord	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF )	
te should be executed the word "pending" i I to the Chief Medical o buriol-transit permit. nd in ony event withit	last (c)	
This certificate should be executed within tote, writing the word "pending" in pencil be forworded to the Chief Medical Exomine be used as o buriol-transit permit. File pagar removol and in any event within 72 hours	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica ting rrdec as as		
is certific te, writin forword forword e used a removol	190 DATE OF OPERATION 195. COND.T.ON FOR WH.CH OPERATION 20. AUTOPSY?  WAS PERFORMED?	
INER: This certificate, writished to certificate, writished be forwor files.  3 should be used action, ar removal action, ar removal	TES NO	
INER: Thi e certificot shauld be files. 3 should be	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M.	
INER: e cert shault files. 3 shou	CAUSE OF DEATH P.M. 19	
(AMINER: te the certifie to 4 shauld rour files. oge 3 should cremation,		ote
	WHILE NOT WHILE AT WORK AT WORK THE AT WOR	
CAL Executor. Page de for y CTOR: P burnol,	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opi	nion
2 a ta 2 a	deoth resulted from. Notural causes, 🗶, Accident 🗍, Suicide 🗍, Homicide 📗, Undetermined monner	
please e. I director retained. DIRECTO or to bu.	CHIEF MEDICAL EXAMINER	
7	SIGNATURE	
PUT Sory Juner W be	EXAMINER'S DEPUTY MED CAL EXAMINER \$\int \frac{5}{24/68}\$	
TO DEPUTY SIGNATURE THE funeral directs of more signature of the funeral directs of the funeral directs of the funeral direct direct directs of the funeral direct dir	NAME (Type) Earl L. Royer, Salisbury, IVId. ADDRESS(Street, city, town, or county)	
5 5 ± 2 5 ± 2	23d. BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
. ()	Burlan 5/26/68 Nanticoke Cem. Nanticoke Wicomico Md.	
K	ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE  Bi Wal we have a my landar MAY 2.7 1968 Charles Judge	
VR A15ME (5)	( )) W/2 society, Bivalve, Marylanda MAY 27 1968 Thomas Judge	

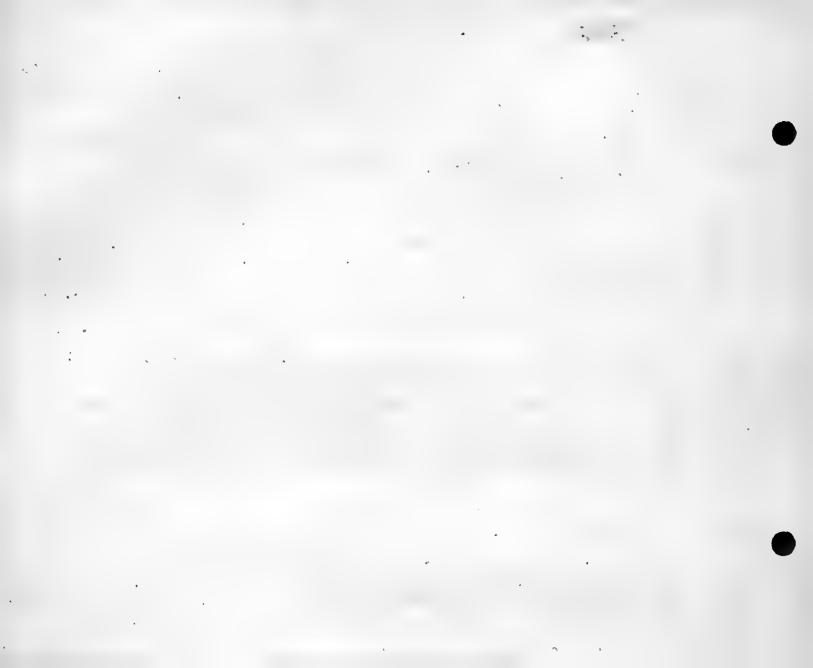


y 1	Et	2 MARYLAND STATE DEPARTMENT OF HEALTH 2 MARYLAND STATE DEPARTMENT OF HEALTH 2 MARYLAND 21201	1 13
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 (3
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN □ Month Day Year	25 HOUR
ay 15 3 to 3 to 9 oge int af	1	(Type or Print) Ernest William Bell OF ESTI- 5 2/ 168	M
A P P P P P P P P P P P P P P P P P P P	3 5	SEX 4 RACE & S. DATE OF BIRTH 6. AGE (In years   F JNDER 1 YEAR   JF JNDER 24 HRS   2c. DATE PRONOLINGED DEAD	2d HOUR
ny delo 2, and 7 ms		Male   ./hite   Dec. 2,1919 5/ YRS	М
	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 3 COUNTY OF DEATH	
te or s	_	Mt. USA WIDOWED DIVORCED Wicomico	bM
Pages 1, with pore	10.1	Salisbury  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work not if retired)  Salisbury  120 USUAL OCCUPATION (Kind of work done)  121 UNDUSTRY Was	
offer death alding with with the Sia	120	DISTALL RESIDENCE (Where deceased lived, I institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY HIMTS? 13e. STREET AND NUMBER	511
s offer 18 Gr	120	odm ssion) STATE Md. 136 (OUNTY Wicomico Salisbury YES NO 301 Quincy Street	
hours a Item 18 Office a Tand 2 w ofter de	14 (	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
1 hours them Office 1 and 2 after	1	Clarence Bell Priscilla Hitch	
be executed within 24 "pending" in penul in Bief Medical Examiner's (insit perm t. File pages 1 event within 72 hours of		WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECUR TY NO ] 17. INFORMANT Q111 napres treet	
/ithr penc amii e pc	(	(Yes, no or unknown) [If yes give wor or dotes of service) 220-01-7065 Vaughn Bell Salisbury, I.id.	
be executed wit "pending" in pe nief Medical Exar ansit perm t. File event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROX MATE RETWESH MIST	INTERVAL AND DEATH
xecute iding" Medica permit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Methyl alcohol poisoning  days	
be execute "pending" nief Medica nisit perm t		3032, DUE TO, OR AS A CONSEQUENCE OF	
be be hief hief		nsa to immediate couse (a).	3
shauld be e ie ward "pei o the Chief I burial-transit		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF N PPT	
she v no # buri		last (c)	
MINER: This certificate shauld be executed within 24 hours after deather certificate, writing the ward "pending" in pencil in item 18 Gree Page 4 should be farwarded to the Chief Medical Examiner's Office alding with a files.  In files.  Shauld be used as a burial-transit perm t. File pages Tand 2 with the Streemation, or remayal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
war war sed aval	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY	?
this certificate, writing farwar be used be used	TIFIG	WAS PERFORMED?	NO 🗌
MINER: This the certificate, 4 should be faur files.  e 3 shauld be u e 3 shauld be u	L CER	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) PRIMARY OR CONTRIBUTING HOUR A.M	
INER: T e certific should b files. 3 shauld atian, or	MEDICAL	CAUSE OF DEATH PM. 19	
XAMINER: te the certified of should your files. temation,	₹	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County	Stote
		AT WORK L AT WORK L	
se execusitation. Parameter for med for ECTOR: 12 buried, 2 buried,		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquity of and in m	y apinion
olease durecto durecto DIRECTO DIRECTO DIRECTO DIRECTO DI LA DIRECTO DI		death resulted from: Natural causes 🗵, Accident 🗍, Suicide 🗍, Homic'de 🗍, Undetermined manner 🗍	
ITY please eral direct be retain prior ta		ACTUAL  SIGNATURE  ACTUAL  ACT	
UTY Dero Be Be Pri		SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED	
necessary, p the funeral of 5 may be re co FUNERAL Health prio		NAME (Type) Ear L. Koly e S- Apopersigency working colorly of wicomies	
10 the	230	IO. BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION (City or Town) (County) (SI	tote)
a f		REMOVAL (Specify) Burial 5-23-1968 Parsons Cemetery Salisbury, Nd. 0	Tan St
(6/0	24	F_MERAL DIBEGIOR Jecellae ADDRESS 250 RECD, BY, REGISTRAR S SIGNAL_RE	c 109
10M REV 1/68		Thomas F. Wallace Salisbury, I.d. DATE MAY 23 1968 granes grantes	

ME

		3040		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	40 8
•	1	26318	* '	CERTIFICATE OF DEATH		1
£ _2£		ECEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
r deat	1	(ype or print) Ann	JANE	Bounds	Month Do	1868 103 M
5 24	3 S	X / / /	4 RACE	S. DATE OF BIRTH	6 AGE fin years	IF UNDER 1 YEAR
the second	<b>3</b>	Female.	White	April 6, 1880	) last birthday) YRS.	MONTHS DAYS HOURS MIN
A G		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	<del></del>
h h h	£OU	<sup>ntry)</sup> Delaware	USA	WIDOWED DIVORCED		Vicomico Md
in 2 iilled pap pap hin	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a USUA	OCCUPATION (Kind of work dans	105 VIND OF BUCINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. The death certificate has been signed by the attending physician and campletely filled in by the funeral etached for use as the burial-transit permit. Then please remave carban papers, Pages Land 2 Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours attended the		Salisbury	Peninsula (	deneral Hospital	L Housewife	INDUSTRY
ed v	13a.	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIN	AITS? 13e STREET AND NUMBER	
ecut cam ave / ev	dan	ission) STATE Mary land	13b. COUNTY Wicomico	Salisbury YES NO	R.D.#1	
up o pur	14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI		Last
n a se r		Ruben	Elliot		i 1y	Kelley
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t the death certificate be ex the attending physicion and sit permit. Then please rem nation, ar remaval, and in an		No			Bounds, Salisbur	y, Maryland
e La	1	18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).	) , , ,		BETWEEN ONSET AND DEATH
eafl endi nit. arr		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	andial Infal	setion	4 Thes
aff peri			DUE TO, OR AS A CONSEQUENCE OF	1 1 3	1 1	
the the mot		Canditions, if ony, which gove ) rise to immediate cause (a), (		coselessatic lu	sessed that	Cliss
an the createst		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1 - 1	1 1 1 1 1 1 1
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached for use as the burial-transled with the State Dept. af Health priar to burial, cre		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	UNDITION GIVEN IN PART I(a)	
ding ding ding een the	Š	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS	CONCIDEDED IN CERTIFYING
as bride	CERTIFICATION	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OPERATION WAS PE	YES NO	CAUSES OF DEATH?	CONSIDERED IN CERTIFIING
# 5 5 8 5 X		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	notice of injury in Part 1 or Part 2	item 181
fical for the	3	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Day Year		notore of injury of roll 1 of roll 2,	10.1
7SPC aspir certii hed t. al	MEDICAL	(It either, notity medical examir 21d. INJURY OCCURRED 23e.	P.M. 19 PLACE OF INICIPY A AT HOME, FARM, STREET, FAC	TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
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aine aine tha that the that the that the that the the the the the the the the the th			(I) (we) (did) (did not) view the	bady offer death.	100	
OR ATTENDING be retained by the street of a shauld be ded with the State ed with the State		22b. SIGNATURE	3 (11	111 DEGREE PHYS DI	RECTOR STAFF	DATE SIGNED 5 - 8 - 6 - 6
24 E 85		22d. PHYSICIAN'S		22e. ADDRESS	RECTOR L. PHYS. L.	2.000
May May be 1	1	NAME (Type) Dr. Jo	ohn T. Bulkeley 🦯		ry Blvd., Salis	bury, Maryland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	230	BURIAL CREMATION, 236. I	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Page A	130	DEMONIAL IS IS I		ille Cemetery	Pittsville, Wi	comico Maryland
	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D B'	REGISTRAR 25b REGISTRAR	S SIGNATURE
VR A15 (4) 30M REV. 1/68	7,	HOLLOWAY & CO	MPANY, SALTSBURY	MARYLAND DATE M	AY 1 3 1968 🐙	liarlas Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



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INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in Fencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with far files.  3 should be used as a burial-transit permit. Five pages land 2 with the state lastion, ar remayal and in any event within 72 hours after death.	CERTIFICATION	19a. DATE OF OF			NDITION FOR WHICH				20. AUTOPSY?
his cate, e far	IEC	4-18	3-68	WA WA	S PERFORMED?	Rupture o	f jejun	um.	YES NO TE
fica The late of a factor of the bear of t		21a EXTERNAL C		216 TIME OF INJURY M	lanth, Day, Year	21c. HOW INJURY OF	CURRED (Enter natu	re of injury in Part 1 or Part 2	2, rtem 18)
INER: 1 e certific should b files. 3 shauld sation, at	MEDICAL	CAUSE OF DEATH	CONTRIBUTING [	9:30 XK 4-	-1.6-68	Driver	of auto	involved in	collision.
	WEL	21d INJURY OCC	JRRED   21e P	. ACF OF INITIRY (At home	form street	21f LOCATION Street	or R F.D. No	City or Town	County State
EXAMINER: cute the certificate of should age 4 should your files. Page 3 should cremation.	1	AT WORK AT	WORK TOTAL	intersect	tion at.	Camden A	ye. &	Salisbury,	Wic., Md.
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o DEPUTY DICAL Enecessory, please exect the funeral director. Possible for the funeral director, possible for the funeral directors: Health prior to burial seconds.			4.09 Ca	mden Ave	Salis	oury, Moan	ORESS(Street, city to		
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- AR	F	REMOVAL (Specif	Y) 5	/5/68	Q+ Ta				buc I and
0300	24	FUNERAL DIRECTO	Willia	5/68 m H James	Jr ADDRESS	8	250 REC D BY REC	<b>Vestever Ma</b> Sirar 256 REGistra	R S SIGNATURE
VR AT5ME (5) 10M REV 1/68	以	k <b>i</b> kkiyo ya	KEX KEKENEK	XXXXXXXXXX	XXX Pri	ncess Ann	DAL MOMA	Y 6 968 8	Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED NAME First Middle 20. DATE OF DEATH HOUR The low requires that the death certificate be executed within 24 haurs after death. Month (Type or print) FLEN S. AGE (In years last, birthday) IF LINDER | YEAR 3 SEX 4. RACE HOLRS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF 8 MARRIED T NEVER MARRIED country) Wicomico WIDOWED F DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR r this certificate has been signed by the ottending physician and completely fül detached for use as the burial-transit permit. Then please remove carbon per Dept. of Health prior to burial, cremation, or removal, and in any event, withi General Hospittanst of working life, even if retired) INDUSTRY Salisbury 13e, STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY YES 🗾 NO! IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle First 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO INFORMANT Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (s).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS M Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 1900 220. I certify that (I) (this hospital) attended the deceased from ta Do, and that in (my) (por) opinion death occurred on the date and hour and from the saw the deceased plive on\_\_\_\_ causes stated above, (If (we) (did) (did not) view the body after death. 22c, DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Town) (Stote) 230. BURIAL CREMATION 23b DATE (County) 25b. REGISTRAR S SIGNATUS ADDRESS TUNERAY DIRECTOR VR A15 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
14/200		ECEASED NAME First Middle / Lost / 20 DATE OF DEATH 2b HOUR
EV JESE E	-{	Type or print) Esther Gephart Brooks May Month Day Yeor 8 338 M
5-5	3 SI	X 4 RACE / S DATE OF BIRTH 66. AGE (In years I F UNDER YEAR IF UNDER 24 MRS.
yrs afte y the f Poges urs afte		Feb. 10. 1902 lost bythday) MONTHS DAYS HOURS MIN.
ours by t Po hours	70	
hin 24 hor tubern the papers.	COU	Pennsylvania USA WIDOWED DIVORCED Wicomico Md.
1 2 2 2	10	Salisbury  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  121 USUAL OCCUPATION (Kind of work done Included Solisbury)  122 USUAL OCCUPATION (Kind of work done Included Solisbury)  123 USUAL OCCUPATION (Kind of work done Included Solisbury)  124 USUAL OCCUPATION (Kind of work done Included Solisbury)  125 USUAL OCCUPATION (Kind of work done Included Solisbury)  126 USUAL OCCUPATION (Kind of work done Included Solisbury)  127 USUAL OCCUPATION (Kind of work done Included Solisbury)  128 USUAL OCCUPATION (Kind of work done Included Solisbury)  129 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  120 USUAL OCCUPATION (Kind of work done Included Solisbury)  125 USUAL OCCUPATION (Kind of work done Included Solisbury)  126 USUAL OCCUPATION (Kind of work done Included Solisbury)  127 USUAL OCCUPATION (Kind of work done Included Solisbury)  128 USUAL OCCUPATION (Kind of wo
or bo	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER
e executed withing and completely remove carbon n ony event, with	adm	ission) STATE Md. 13b COUNTY Somerset Deal Isl. YES NO Main Road
ond c	14.	ATHER'S NAME First Middle Gephart IS. MOTHER'S MAIDEN NAME First Elizabeth Drumheller
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely silbed in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	16a	(es, no, flycknown) (it yes give wer or dotes of service) 165-09-6690 Warren Brooks, Deal Island, Md.
p pł hen nov	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
<b>4</b> i		PART I, DEATH WAS CAUSED BY
ded remi		MMEDIATE CAUSE (o)
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equires that the physicion. signed by the buriol-transit purial, cremati		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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os brice	CERTIFICATION	CALICES OF DEATHS
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AN. State	AL C	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
E SE	MEDICAL	(If either, natify medical examiner) P.M. 19
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Health	2	21d. INJURY OCCURRED While Not while Of INJURY (AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.  21f. LOCATION Street ar R.F.D. No. Gity ar Tawn County State
t e f		of work
Steepe Pile	П	22a. I certify that (I) (this haspital) attended the deceased from 5-20 , 1900, ta 5-31 , 1900 , that (I) (we) last saw, the deceased olive on 19 , and that (ii) (my) (our) opinion death occurred on the date and hour and from the
R: Ned	١.	(auses stated above, (1) (we) (aid) (did not) view the body after death.
A Se Constant	ı	226 DATE SIGNATURE
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L D D D D D D D D D D D D D D D D D D D		192 BUYETAN'S
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		MAME (Type) James P. Hallaher "Salisbury, Md.
UN Coulc	23o	BURIAL CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page of page 1		REMOVALINGTED 6/4/68 Arlington Cometery Drexel Hill, Dela., Pa.
VR A35 (4)	24	EMERAL DIRECTOR  ADDRESS Rt. 3 Princess Anne, Md DATE JUN 5 1968 (Charles Under
30M REV 1/68	0	Kerry G. Webster Princess Anne, Md. DATE JUN 5 1968 golarles Judge



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FOR STATE	***	4078		MEDIC	TAL EXAMI	AFK.2 CF	RTIFICATE	OF DEATH				W 100
HEALTH DEPT.		ECEASED NAME Type or Print)	HELE	N	SADIE		BROWN	ī	2a DATE KNOW OF ESTI- DEATH MATE	57	2-68 19	2b. HOU
deloy and 3	3 \$	F	4. RACE AA	5 DATE OF BI		AGE (In years last hirthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c DATE PRONO		2 Year , 6	2d HOU 1:30
2 3	70.	BIRTHPLACE (Stot	e or fereion 7	CITIZEN OF WI	1		RIED NEVER MAI	RRIFD 9. COL	INTY OF DEATH		11	
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oli	130	JSUAL RES DEN dmiss on) STATI	CE (Where decease Md.	13b COUNTY	omerset	rare 13c (HY Prir	ICOSS	YES NO K	13e STREET AND Polk	s Road	1	
hours Item 1 Office 1 and 2	14. F	ATHER'S NAME	First	Middle	e l	120	15. MOTHER'S MAI	DEN NAME First		Middle	10	ast
	]	Eben L	eatherb	ury			Mary N	utter				
within 24 n pencil in Examiner's File pages 72 hours		WAS DECEASED EV	VER IN U.S. ARMED FO	RCES?	166. SOCIAL SECURI		7. INFORMANT		**	DORESS		
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certificate should be executed writing the word "pending" in rwarded to the Chief Medical Essed as a burial-transit permit. Facol, and in any event within		stating the u	nderlying cause	DUE TO, UI	R AS A CONSEQUENC	t Ur						
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verifico verifing orwarde used as moval, c	NO!	190. DATE OF C			196 CONDITION FO	OR WHICH OPE	RATION				20 AUTOP	SY?
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ER: This certificate, ould be fores. es. hould be to ion, or rerion, or rer		21a, EXTERNAL			INJURY Month, Day,	Year 2	to HOW INJURY OF	CURRED (Enter natu	re of injury in Pa	rt 1 or Port 2, 1		
	EDICAL	PRIMARY C	OR CONTRIBUTING	HOUR A	.M.	19						
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DICAL EXAM blease execute the director. Page 4 etoined for your DIRECTOR: Page or to burial, crem		AT WORK	NOT WHILE TOCT	ary, affice buildir	ng, erc.)							
Pag or y or y		22a. I	certify that Lta	ak charge of t	the remains desc	ribed abavi	, held an Auto	ipsy 🗍, In:	spectian 🔼	Inquity .	X and in a	my apinia
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		EXAMINER'S	Earl L.	Royer				UTY MEDICAL EXAM		Ma	y 13, 1	1968
o DEPUT) the funero for more sory, the funero for moy be for moy be funera Health pr	_	NAME (Type)	1	len Ave	s., Sal			ORESS(Street, city, to	own, or county)			
5 = + 2 = V	230	BURIAL, CREMA	ATION, 23b. I	DATE			OR CREMATORY	23d	LOCATION (City	ar Tawn)	(County)	(State)
2	E	REMOVAL (Spe urial	***7/	5/17/	58 Is	ceal N	iemral		ottera		set Md	
71/1		FUNERAL DIREC		Da Da	*	ODRESS	1.ra	250 REC'D BY RE	16 196	REGISTRATES	SIGNATURE S	udal
VR A15ME IS	W	TTTTS	n H. Jam	es, ri	TUCASS	WITH 6	PIU.	DATE PRIPE	TO THE	1	1	0



1		handlin at 10		DS, 301 W. F		LTIMORE, MARYLAND 21201	. 2 .
4	76	2.172		CERTIFIC	CATE OF DEATH	H	Ģ
€ =2€		CEASED NAME First ype or print)	Middle		Lost	20 DATE OF DEATH	2b. HOUR
er death. funeral and 2	11	ype or print) SAMUI		WARD BU	INDICK		Pov 1968' 6:55 PM
a fr	3. SE		4 RACE		S. DATE OF BIRTH	6. AGE (In years lost bythboy)	F JWDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s of	L.	Male	White		August 23	2,1094 (2 Y	
haurs Paurs Raurs	7o. E	IRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 COUNTY OF DEATH	
d in		<sup>liv)</sup> Virginia	U.S.A.	WIDOWED	hand hand	WICOMICO	Md.
within within ban ban ban ban ban ban ban ban ban ba		ITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL Of dive street oddress Lear S Liea	d State	Hospital dumps	ISUAL OCCUPATION (Kind of work do a most of working life, even if retired aterman	12b. KIND OF BUSINESS OR INDUSTRY Seafood
and completely filled in remave carbon papers in any event, within 72 h	13o. odmi	USUAL RESIDENCE (Where deceos ssion) Maryland	ied lived, if institution: Residence be	Girdl	Letree YES X	No 🗌	
exe nd c emc any	14, 1	ATHER'S NAME First	Middle Lo		IS MOTHER'S MAIDEN NAM		
be n ar		Edward	J. Run			izabeth	Miles
The law requires that the death certificate be executed within 24 haurs after death attending physician.  Has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers Pages, and 2 th prior ta burial, crematian, ar removal, and in any event, within 72 haurs and death.	16o. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	and the desire of the second		Mrs Annie	Bundick, Gird	Letree, Md.
The Company of the Co		1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED	ly one couse per line for (o), (b) on				APPROXIMATÉ INTERVAL BETWEEN ONSET AND GEATH
eath andi ar r		PART I. DEATH WAS CAUSED	ATE CAUSE (a) Acute	oronary	thrombosis		4 hours
affe perr		4/ . 1	DUE TO, OR AS A CONSEQUENC				
the the nation		Conditions, if any, which gove itse to immediate couse (a),	Pl COT COLE		bosis with 1	left hemiplegia	4 months
tho by tran cres		stating the underlying couse(	DUE TO, OR AS A CONSEQUENC				40
equires that the physician. signed by the a burial-transit p		lost.			<u>terioscleros</u>		Years
A required by the physical phy	NO	7 4	NDITIONS CONTRIBUTING TO DEATH B				
The lay attend attend has be as it prior	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W.		1	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
IAN: tal ar ficate far u f Heal		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF GEAT	HOUR A.M. Month Doy	Yeor	IOW INJURY OCCURRED (E	Enter noture of injury in Part 1 or Port	2, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filled with the State Dept. of Health prior to burial, creating the state Dept.	MEDICAL	(If either, notify medical examination of the little of work at work a	PLACE OF INSURY (AT HOME FARM, STRI OFFICE BUILDING ETC	19 ET, FACTORY.) 21f I	LOCATION Street or R.F.D.	No. City or Town	County State
DING I by th After t I be de State		22a. I certify that (I) (th	is haspital attended the dec	eosed from 1	anuary 31, 1	9 <u>68</u> , to <u>May 4</u> , opinion death occurred on the	19 <u>68</u> , that (I) (we) last
Selection of the control of the cont		causes stated obove	e, (I) (we) (did) (did not) view	the body after	death.		
A STATE OF THE STA		22b. SIGNATURE	1 24	-1.1	ATTENDING	MED C STAFF	22c DATE SIGNED
DIR DIR led		7640	unicell	1 1000	GREE PHYS	DIRECTOR PHYS.	5/6/68
TAI nay AI pa		22d. PHYSICIAN'S NAME (Type)	U Linnacht M	(n	22e. ADDRESS	land Chata Magnit	Maryland al. Salisbury.
NER ATT	-	9.	H. Winnacott, M.	D . E OF CEMETERY O		23d LOCATION (City or Town)	
Share age	230				Cemetery	1 1	(County) (Stote) County, Marylan
		FUNTAL 12"		ORESS		D BY REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE
VR A15 (4) 30M REV, 1/68	1	Theat H. Wa	Seen Pocamok				Charles Judge
	$\coprod$	ROOP IN VA	DESTRUMENT TO STROKE	O O L Cy	· FIUS DAIL	WAT G 1400	-0-0-

E. . . .

MAKYLAND STATE DEPARTMENT OF HEALTH





. 1			D STATE DEPARTMENT OF		
	7777		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		.~25
1 [	DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	(Type or print)		CONWAY	May To	
3. 5		4. RACE	S. DATE OF BIRTH		16 JNDER 1 YEAR   IF UNDER 24 HRS.
	Male	Colored	April 1. 1		MONTHS DAYS HOURS M.N.
70	DIDTUDIACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
€OU	MARYLAND	USA	WIDOWED DIVORCED	WICOMICO	Md
10.	CITY OR TOWN OF DEATH	31 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 US	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
S	alisbury	Deer a Head S		mast of working life, even if retired.)  LABORER	INDUSTRY
130	nission) STATE	od lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CIT	7407 0 771441 77144 7704	
′ <u>L</u>	Maryland	Derchester		NOIL	
14.	FATHER'S NAME First	M. ddle Lost	IS MOTHER'S MAIDEN NAME	First Middle	Lost
	COLUMBI			NTE M.	THOMAS
160	o. WAS DECEASED EVER IN U.S. ARM Yes, no. reconknown) (II yes give wi	ED FORCES?  str or dates of service]  16b SOCIAL SECURITY  217-12-9		Address LSON PHILADELP	STT A TOA
-				TOOM LUTTWOFFL	APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	γ one couse per line for (o), (b), and (c) BY:	.)		BETWEEN ONSET AND DEATH
	IMMEDIA CO	TE (ALSE (o) Ureinla			3 months
	Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			Vanna
	rise to immediate couse (a), (	(b) APTEFIOS  DUE TO, OR AS A CONSEQUENCE OF	elerotic heart dis	sease	Years
	stating the underlying couse		pyelonephritis		Years
			OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
_	Imes. late la	stent; testicular			
CERTIFICATION	190, DATE OF OPERATION 196, 0	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	NS:DERED IN CERTIFYING
			YES MO	_	
				iter noture of injury in Port 1 or Port 2, It	em 1B.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	9		
ME	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET F.	CTORY ) 21f LOCATION Street or R.F.D.	No. City or Town	County State
	100000				
	22a. I certify that (IX (thi	s haspital) attended the deceas	ed from April 8 , 19	68, to May 16, 19_pinion death occurred on the dot	ond have and from the
	causes stated abave	, (M (we) (did) MM XX) view the	bady after deoth.	burren asam occaited ou tile dot	e one neor and nom me
	22b. SIGNATURE	TX	1 < /	1 22c. D	ATE SIGNED
	Ushi	mulacia	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. 3	17/68
	22d. PHYSICIAN S NAME (Type) C. TH	TT M D	22e. ADDRESS	- A M 11 - 3 - 0 - 14	21801
		. Winnacett, M. D		ad Mospital; Salis	
230	o BURIAL, (REMATION, 23b E REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
24	REMOVAL (Specify) BURTAT FUNERAL DIRECTOR	5/20/68 EAS'	NEW MARKET	EAST NEW MARKE  BY REGISTRAR  25b REGISTRAR 5	
	FURENCE DIRECTOR	ADDKES WITH ADDKES	1 230 KEC I	AY 2 3 1988 Filia	THE WALL CO.



<b>†</b> 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Them 5, DIFFEL GEFFEL LANGES TRAFFEL AFAFILOR CAC	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH OB CAC	. 72.
HEALTH DEPY.		Doy Yeor 25 HOURA 11-6819 2:50 M
2, and 3 ta 2, and 3 ta PM3 Page	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (pagers if JHDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	11 Yeor 1968 2:3c M
form 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	70 BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH WIDOWED   DIVORCED   Wicomico	Md
deatr e Pag with he Sta	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Salisbury    120 USUAL OSCUPATION (Kind of work done dump post of work not life, even if refired.)	126 KIND OF BUSINESS OR
24 hours after death in Item 18. Give Pages 1, rs Office along with farm es I and 2 with the State is after death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN odmission) SYATE Md. 13b. COUNTY WicomicoSalisbury YES NO 114 Newport	Drive
4 haurs 1 Item 5 Office 1 and 2	14 Mither's NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
vithin 24 pencul in aminer s e pages 2 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No., or WIND 18 (If you give wor or dailes of service) 217-42-7285 Catherine Coul Course	
The the certificate stauld be executed within 24 haurs after death the the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, ge 4 should be farwarded to the Chief Medical Examiners Office along with form your files.  **The contract of the contr	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART I. DEATH WAS CAUSED BY  Fractured cervical spine  8/20  DUE TO, OR AS A CONSEQUENCE OF	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH SUCCES
Flauld be ward "pe the Chief the Chief urial-transit	Conditions, if ony, which gove rise to immediate cause (o). stoting the underlying cause lost.	
ficate s ing the ded ta as a ba I, and i	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	-
is centrality writter farware e used remova	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CALSE WAS  21b. TIME OF INJURY Month, Doy, Year  27c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 its	20. AUTOPSY?
IR: Tillication and be an, or an	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year PRIMARY TO COURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH  210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year 211. THOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 210. INJURY OCCURRED 1210 PLACE OF INJURY (At home form street) 211. THOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 212. INJURY OCCURRED 1210 PLACE OF INJURY (At home form street) 213. EXTERNAL CAUSE WAS 214. THOU INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 213. INJURY OCCURRED 1210 PLACE OF INJURY (At home form street) 214. THOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 215. THOU INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 216. THOU INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It CAUSE OF DEATH 217. THOU INJURY OCCURRED 1210 PLACE OF INJURY (At home form street) 218. THOU INJURY OCCURRED 1210 PLACE OF INJURY (At home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY OCCURRED 1210 PLACE OF INJURY (AT home form street) 219. THOU INJURY (AT	em 18) collision.
CAMINIR: te the cert te 4 shout rour files. age 3 sha	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street,  WHILE AT WORK AT WOR	County Store Wicomico, Md
riol,	22a   certify that Daak charge of the remains described above, held an Autopsy , Inspection X, Inquiry X death resulted from Natural causes , Accident X, Suicide , Hamicide , Undetermined manner	
necessary, please ethe funeral director may be retained provided by FUNERAL DIRECT	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE	SIGNED
D EFUT. The funers 5 may be 5 may be 6 FUNERA Health p	EXAMINER'S Earl L. Royed, M.D. DEPUTY MEDICAL EXAMINER May NAME (Type) 1.09 Camden Ave., Salisbury, Md ADDRESS (Street, city, town, or county)	13, 1968
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	230 BARIAL (REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 230 ACCATION (CITY Town) Levis Control of Con	(County) (State)
VR A15ME ST	24. FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REG.STRAR 2Sb. REG.JTRAR S	SIGNATURE Judge
10M REV 1/68	Booker West Funeral Home, Salisbury, Md MAY 17 1968	100





MARYLAND STATE DEPARTMENT OF HEALTH



		- 1							INT OF HEA				
1 -	- 1			THE COME	DIVISION OF V	ITAL RECORDS,	301 W. PR	LESTON STRE	EET, BALTIMO	re, Marylani	21201		729
13	•			36623	· · CERTIFICATE OF DEATH					V. I			
نے	2 4			CEASED-NAME First		Middle		Lost	20	DATE OF DEATH			2b. HOUR
death	and		(1	ype or print) BLANC	HE P	ATRICIA	DE	NNIS		May	th 15°	1968	M
-	R-To		3 SE		4. RACE			S. DATE OF BIRT		6. AGE		IF UNDER 1 YEAR 1	F UNDER 24 HRS.
de s	(建態			Female	Wh	ite		October	19, 19	18   last b	rthday) YRS.	MONTHS DAYS	HOURS MIN.
# Strongs	age and		70. E	SIRTHPLACE (Stote or foreign item)	b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED E	NEVER MARR	IED 9 CO	OUNTY OF DEATH			
E	4 32		4001	Maryland	USA		WIDOWED [		t-ad	VICOMICO			Md.
		51	10. C	ITY OR TOWN OF DEATH Salisbury	11 han give sti Z.1 O	ME OF HOSPITAL OR INS Beet address) n Church	stitution (if no Road	it in hospital	during most of HOUSE	CUPATION (Kind of working life, eve WOT K	work done n if retired)	12b. KIND OF BUINDUSTRY	ISINESS OR
> pe	and campletely fremave carban any event, wit	20	130	USUAL RESIDENCE (Where deceased ssign) STATE	lived, if institutio	n Residence befare	13c. CITY OR		3d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER		
ā	amb	27	ocmi	Maryland	13b. COUNTY W	icomico	Salis	bury	YES NO	R.D.#3,	Zion	Church R	oad
e X	and c remo	1	14. F	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAI	DEN NAME First		Middle		Lost
pe	d ar	,		Edward		Truitt			Est	her		Ha11	
ate	physician c ien please aval, and ir		16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES?	6b. SOCIAL SECURITY I		NFORMAN (Hu	sband)	R.D	. Addres Zi	on Churc	h Road
¥	shys on p			es na, or unknown) (If yes give war	ar dates of sprace;	216-01-53	47 Mr.	. Dorri	s M. Der	nis, Sal	isbury	. Maryla	nd
9	The The			18. CAUSE OF DEATH (Enter only	one couse per line	for (a), (b), and (c).	)				,	APPROX MA BETWEEN ONS	TE INTERVAL ET AND DEATH
t o	physician. signed by the attending burial-transit permit. The burial, crematian, ar remo			PART I. DEATH WAS CAUSED IMMEDIATE	BY: E CAUSE (a)	proc	egrand	' mela	moma_		4.67		
Ď	atte erm			1124		A CONSEQUENCE OF	,,		etastes				
£	ation and a			Conditions, if ony, which gave	(b)		Multy	all M	electes	R.S			
Pag.	by 1 ans			rise to immediate cause (a), ( stating the underlying cause (	V /	A CONSEQUENCE OF							
\$1 \$2	sicio ed l al-tr			last	(c)								
an de	phy sign ourie			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PAR	[ ](a)		
9	ng en he l		Z	1									
<u>d</u>	andi be ss th		ATIO	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUTOP:	SY?			ONSIDERED IN CER	TIFYING
P <sub>e</sub>	atte has se c	У	CERTIFICATION					YES 🔲	NO 🗀	CAUSES OF DEAT	H?		
ż	ate or u	/\		21a. ACCIDENT WAS UNDERLYING				W INJURY OCCU	IRRED (Enter nati	are of injury in Port	1 or Part 2, If	tem 18.)	
<u>G</u>	音音音		MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. P.M.	Manth Doy Year							
PHYSICIAN: The law requires that the death certificate be executed within	Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-tran shauld be filed with the State Dept. at Health priar ta burial, crea		ME	21d INJURY OCCURRED 21e P While Nat while at work	LACE OF INJURY (	LT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	(TORY) 21f. LO	CATION Street	ar R.F.D. No.	City or Town		Caunty	Stote
Š	be d			00 1 46 4 40 41	haspital) atter	ided the decease	ed fram		. 19	, ta	, 19_	, that (	I) (we) last
ATTENDING	Af Pie S			saw the deceosed all causes stated above,	ve an	1	9, and	I that in (my	) (aur) apinior	death occurre	d an the dot	te ond hour or	nd from the
	aine Faul			causes stated above,	(I) (we) (did) (d	lid nat) view the	bady affer d	eath.			T 00 -	ARE CIANES	
OR A	REC 3 s wii			22b. SIGNATURE	6 4	10	DEGR	ATTENDING	MED.	OR STAFF		DATE SIGNED 16 /19	4.9
0	Diagonal Personal Per			22d PHYSICIANS	G 14	ugnos .	DEGK	EE PHYS 22e, ADDR		OK Last PHYS.	Liplay	10/19	00
. IA	RAL RAL be	1			ichard H	ughes				r, Salis	bury, 1	Maryland	
O HOSPITAL	UNE orta		230	BURIAL, CREMATION. 23b. D/		23c NAME OF	CEMETERY OF			LOCATION (City of		(County)	(State)
H 0	Pag O File dire sha	No	7	DEMOUNT (Cassific)	19,1968	Parsons				rsonsbur	,		
=	- 1	BU	24.	FUNERAL DIRECTOR	17,1700	ADDRESS			2So. RECTO BY RE	GISTRAR 25b.	. REGISTRAR'S	SIGNATURE	
	30M REV 1			HOLLOWAY & COM	PANY SA	LISBURY	ΜΔΡΥΙΔ		DATE MAY	2 1 1968	goly	arles Ju	dge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALLIMORE, MARTLAND 21201	C. SM M/ N. A
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	h Dey Yeor 2b. HOU!
VO = 1 DUETUN AND THE STATE OF SERVICES	2-68 19
3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 7 YEAR I FUNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d HOU
PERMENT DAYS HOURS MAK Month 5 Doy	2 Year 9 68
70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
(Austral)	,
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 1/20 USUAL OCCUPAT ON (Kind of work done	.2b. KIND OF BUSINESS OR
Country)  Delaware  UBA  WIDOWED  DIVORCED  Wicomico  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)  Salisbury  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  Day Laborer  130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN  Odmission) STATE Del 13b COUNTY Support  Tablity of Town 30 MSIDE CITY LIMITS?  130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN  Odmission) STATE Del 13b COUNTY Support  Tablity of Town 30 MSIDE CITY LIMITS?  130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN  Odmission) STATE Del 13b COUNTY Support	Miertilizer
13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
13a JSUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN odmission) STATE Del. 13b COUNTY Sussex Laurel VES X NO 308 Townse	nd St.
Del. Sussex Bautel 18 Mother's Maide NAME First Middle Lost Is Mother's Maiden NAME First Middle Putton	Lost
Riley Dutton Ida	Bishop
R11ey DUCTON 108 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS (Yes, pp., or unknown) (If yes, pp., pp. are dates of service) 222 023 6006 North Part of Ducton 108	Біопор
The was Deceased ever in U.S. ARMED FORCES?  (Yes, po, or unknown)	Delaware
Tes WWII 222-03-6006 Mrs. Betty L. Dutton, Laurel,    State	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)  PART I DEATH WAS (AUSED BY  IMMEDIATE CAUSE (a) Crushed chest  Orushed Chest	3 hours
S INMEDIALE CAUSE (a) OF CONSEQUENCE OF	J HOWLS
Conditions, if ony, which gove )	
rise to immediate couse (o), (D)  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Delaware  USA  W-DOWED DIVORED	
196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
196. Date of Operation 196. Date of Operation 196. Condition for which operation Was performed? Crushed chest.	YES DEC NO
196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED? Crushed chest.  210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	
210. EXTERNAL CAUSE WAS 210 TIME OF IN, URY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2  PRIMARY DO DEATH CAUSE OF DEATH 3. HOW PM 5-2-68 Loaded fertilizer hopper f	
PRIMARY MOR CONTRIBUTING B: 10 PM 5-2-68 Loaded fertilizer hopper f	County Stote
	Del.
ACTUAL    ACTUAL   AC	
22a I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry death resulted from Natural causes . Accident X Suicide . Homicide . Undetermined manner	
death resulted furth. Natural causes , Accident X, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
CHIEF MEDICAL EXAMINER	
	Te Cicalen
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXA	TE SIGNED
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  EXAMINER'S Earl L. Royer, M.D.  DEPJTY MEDICAL EXAMINER IN Manual State of Manual State	TE SIGNED 1968
death resulted from. Natural causes , Accident X, Suicide , Hornicide , Undetermined manner of the suited from	y 6, 1968
230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	((ounty) (Stote)
	(County) (Stote) sex Del.

MARTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) EISENbERS Manth WILLIAM 3 SEX 4. RACE S. DATE OF BIRTH Age (in years IE UNDER 1 YEAR last birthday) FEBRUARY 12 1903 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7c. BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED COUNTRY. **Wicomico** NEW YORK WIDOWED ( DIVORCED [ ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR General Hospital of working ife, even if retired.) INDUSTRY Salisbury RETATI director, page 3 should be detached for use as the burial-transit permit. Then please remove cark should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, 13a USWAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTY NO [ PHILADELPHIA AVES DCEAN CITY 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost MORRIS EISENBERG FANNIE 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no or unknown) (It was give wor or dates of service)

W. W. I ARMY MRS. ROSE EISENBERG. 051-14-9572 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) BETWEEN ONSET AND OF PART I. DEATH WAS CAUSED BY: Orcin on IMMEDIATE CAUSE (a) DUE TO, OR AS-A CONSEQUENCE OF Conditions, if ony, which gave ) ONCIT Our burial-tronsit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES D NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION City or Town State County While Not while 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive and 19 (a), and that in (my) (ever) apinion death accurred an the date and hour and from the well die that not view the body after death. causes stated abave. (iii 22b. SIGNATUR STAFF ATTENDING PHYS. DIRECTOR PHYS. 22a. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. LOCATION (City at Town) (State) (County) 5-16-68 BETH ISRAEL MARYLAND ADDRESS 24. FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

× /19/01/5

30

1,00

19a, DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

(If either, natify medical examiner) 21d INJURY OCCURRED

While Not while at work

22d. PHYSICIAN'S

NAME (Type)

Year AT HOME, FARM, STREET, FACTORY, \

21f. LOCATION Street or R.F.D. No.

ATTENDING

PHYS.

City or Town

County

State

2b. HOUR

2:30 PM IF UNDER 24 HRS.

HOURS

Last

Lakso

BETWEEN ONSET AND DEATH

Years

125. KIND OF BUSINESS OR

Wool mill

1988

F UNDER 1 YEAR

Ferry

Middle

Address

220. I certify that (I) (this haspital) attended the deceased from September 5, 19.67, ta May 12, 19.68, that (I) (we) last saw the deceased alive an May 12, 19.68, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

23b, DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

22e. ADDRESS

DIRECTOR

PHYS

Deer's Head State Hospital, Salisbury,

22c. DATE SIGNED 5/13/68 Maryland

230 BURIAL, CREMATION REMOVAL (Specify)

May 16, 1968 Southside Cemetery 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Maldve. M.

P.M.

21e PLACE OF INJURY

Skowheagan 25g. RECD BY REGISTRAR MAY 16 DATE

23d LOCATION (City or Town) (County) (State) Maine

VR A15 (4) 30M REV, 1/68

requires that the death certificate be executed within 24 hours

filled

burial, crematian, ar removal, and in any event, within

please remove carban completely

and

signed by the attending physician burial-transit permit. Then please

Page 4 moy be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to

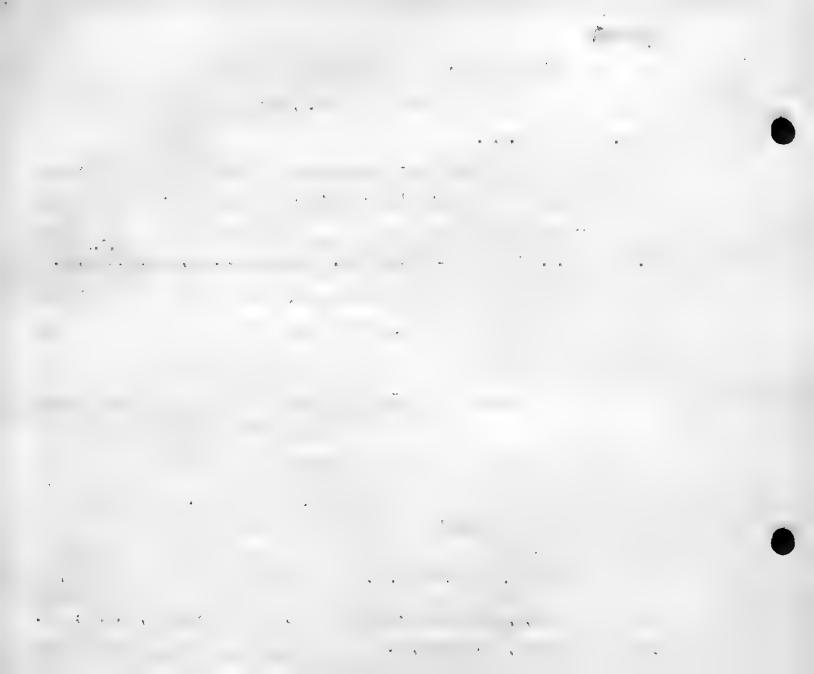


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01733 CERTIFICATE OF DEATH M. ddle Lost 20. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR after deoth. (Type or print) Month Dov 6. AGE (In years los birthday) 3. SEX 4 RACE S. DATE OF BIRTH IF UNCER I YEAR IE TINDER 24 HPS MONTHS. DAYS HOURS 2mAle YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED [ WIDOWED [" NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within General Hospitali Salisbury please remaye torbon signed by the attending physicion and completely buriol-transit permit. Then please remaye carbor and in ony event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN requires that the death certificate be executed 14. FATHER'S NAME Lost HER'S MAIDEN MAME First 16b. SOCIAL SECURITY NO buriol, cremotion, or removal, APPROXIMATE INTERVAL BETWEEN ONSEF AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physicion. storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DISATE BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the k f Health prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES [7] O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d INJURY OCCURRED Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attered the deceased from Addit 7, 19 68, to May 19 68, that (1) (we) last saw the deceased alive an May 19 68, and that on (my) (aur) apinian death accurred an the date and haur and from the 67, that (1) (we) last causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR 22c DALE SIGNED TTENDING director, page 3 DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BUR AL CREMATION, 23b. DATE (Stote 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH



1 1		DIVISION OF VITAL RECORDS, 3C, W PRESTON STREET, BALTIMORE, MARYLAND 21201	
R STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.773.
TH DEPT.	1 Di		b Day Year 2b HOUR
		ope or Print)	- 29
o de	3 SE		22 109 2 A N
TABLE !		last birthday) MONTHS DAYS HOURS MIN Month Day	Year 1968 112
****/		Temale White August 9, 1880 87 YRS May 22 IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1900 177
Office along with form land 2 with the State Ba	canul	Maryland USA WIDOWED DIVORCED WICOMICO	86
Stote	10 C	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work dame	126 KIND OF BUSINESS OR
the S		Fruitland   g.ve street address   during most of working life, even if refired   Inspector	
	13a	USUAL RESIDENCE (Where deceased lived if astitution Residence before 13c CITY OR TOWN 13d INSIDE CITY DWATS? 13e STREET AND NUMBER	pitti c i de co. j
with death.		mission) STATE Maryland 13b COUNTY Wicomico Fruitland YES - NO - Center Str	eet
land 2 ofter	14 E	THER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
		John Davis Emiline	Mitchell
pages		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Son) ADDRESS BO	x 83
20	(2)	s, no, or unknown) (If yes give war or dates of service) Mr. Carroll G. Dykes, Milford,	Delaware
		18 CAUSE OF DEATH (Enter an y one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN PASS AND DEATH
event within	- 1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Common D column	Judden
it pe		410 9 DUE TO, OR AS A CONSEQUENCE OF	
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any		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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puo		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
removol, o	<u>≈</u>	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
em 🔾	CERTIFICATION	WAS PERFORMED?	YES NO P
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cremotion,	MED.CAL	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH PM 19	
5	MED	21d MyJRY OCCURRED   21e PLACE OF INJURY (At home, form, street,   21f LOCATION Street or R.F.D. Na City ar Tawn	County State
1		WHILE NOT WHILE AT WORK AT WORK OF AT WORK OF A TWORK OF A TWORK OF A TWORK OF A TWO	
		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection K., Inquiry	X), and in my apin ar
alth prior to buriol, crem		death resulted fram; Natural causes Accident Suicide Hamicide Undetermined manner	
0		CHIEF MED CAL EXAMINER	
prior		ACTUAL SIGNATURE M.D. ASS STANT MED CAL EXAM NER  22b DA	TE SIGNED
		EXAMINER'S Earl L. Royer, M.D. DEPUTY MED CAL EXAMINER May	24 /1968
		NAME (Type) 407 Camden Ave., Salisbury, Md. ADDRESS(Street, city, tawn, or county)	
± ,	23 a.	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
nh	0.1	Burial May 25,1968   Smullen Cemetery Wo	orcester Co., Md
COTO .	24.		RS SIGNATURE
2347		MULLUWAY & CUMPANY, SALISBUKY, MAKTEANU INSETTLE A C 1000 /	



			ATE DEPARTMENT OF HEALTH	
1			V. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4		CERTI	FICATE OF DEATH	7700
€ 4121		ASED-NAME First Middle	Last 2a. DATE OF DEATH Month	2b. HOUR
te de la	(1	WILLIAM THOMAS	HEARN MAY I	Day 1968 12 M
ie iei	3. 58	4 RACE	5. DATE OF BIRTH  6. AGF (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
s of the second	n	ALE White	October 13, 1907   60 YR	
by the	7a . cout		RIED NEVER MARRIED 9. COUNTY OF DEATH	Wicomico
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od v corb	130		Y OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
cuted cuted we complete the control of the control	adm	Maryland 13b COUNTY Wicomico Sal	isbury   YES   NO   362 Carey A	venue
I X I X I X I X I X I X I X I X I X I X	14,	THER'S NAME First Middle Last	1S. MOTHER'S MAIDEN NAME First Middle	Last
be an and I in a	L	Thomas A. Hearn	Ezra Franc	
ate icior leos ano		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO.  Ind. or unknown) (If yes give wor or dates of service)		362 Carey Ave.
trific hys val,	Ľ	Yes War II	Mrs. Ezra F. Hearn, Salisbury	, Maryland
a Pla		8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath indirection of the state of	l	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RC & DOOT BELLY	that he pre	
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the sit post		anditions, if any, which gave) (b) ASIL VIXCE	confly seine	
that in by 1 rons		ise to immediate cause (a), ( tating the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF	5 N / -	11
sicion sicion of the of	L	ist 14 1. (a) writery for la	2 of Journal , Diff Cury in Sur	Chuy,
phy sign buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	. 11 6 1 1 1	-
k re ling ten to	I z	Rt Radical Nect Dissection - 1	left Inphalyerd, Carl Tonger	
lay end s be as t	1 E	9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
at se se at X	CERTIFICATION	Cad Junes	AF2   NO	
N: I or cate		Ta. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2  □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year	To HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	2, Item 18.)
Digital Bridge	MEDICAL	f either, natify medical examiner) P.M. 19		
O HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the hospital or attending physician O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled it by the adjrector, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pagess: Reage should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at the state Dept.	×	ZI INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 2 While   Not while   of work   of the distribution of the distributio	Of LOCATION Street ar R.F.D. No. City ar Tawn	County State
NG V ± teriter tate		22a. I certify that (1) (this haspital) attended the deceased from	n 4/12 , 1968, to 5/17	19 6 2, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P		22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 68	, and that in (my) (aur) apinian death accurred an the	date and haur and fram the
A Property of the	П	causes stated abave, (I) (we) (did) (did nat) view the bady a		2c. DATE SIGNED
OR A Dobe ret DIRECT	ı	126 SIGNATURE - + Tolory C	ATTENDING MED. STAFF	May 17, 1968
	L	2d. PHYSICIAN'S	DEGREE PHYS DIRECTOR LJ PHYS. LJ	May 17, 1900
O HOSPITAL Poge 4 moy 8 O FUNERAL D Califector, pog	1	NAME (Type) Dr. Elias Adamopoulos	Medical Center, Salisbury	, Maryland
UNE CUNE	23n	BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
0 0 0 K		BURIAL, CREMATION, REMOVAL (Specify) Burial May 20,1968 Parsons C		comico, Maryland
		UNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRA	AR S SIGNATURE
30% 166 168		HOLLOWAY & COMPANY SALTSBURY, MARY	LAND DATE MAY 2 1 1968	iares fing



MAKTLAND SIAIL DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Lost 2a. DATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) Month 4 RACE S. DATE OF BUTTH IF JINDER 1 YEAR IF UNDER 24 HRS papers. Pages in 72 Pours after last birthday) MONTHS I Female. White October 21,1879 in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [ NEVER MARRIED [ Delaware LISA WICOMICO WIDOWEDX DIVORCED [ filled director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon pages by under the state Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) ROCTH STERRY 12a USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Salisbury WISING HOME Wicemies None 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY & MITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔽 NO [ 642 S. Division St. Wicomico Salisbury Mar.v.land 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle First William L1oyd Lavenia Sarah Address 642 S. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Son) Yes, no, or unknown) (If yes give war or dates of service) Mr. William Ross Henry, Salisbury, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave ) O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-tronsit rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗔 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from... \_, to\_ thot (I) \_\_, and that in (my) (our) apinian death occurred an the date and have and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22h. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 402 S. Division St., Salisbury, William B. Smith 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) May 6, 1968 Parsons Cemetery Salisbury, Wicomico, Maryland Buria 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles 1968 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68 DATE MAY



•	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN NO Month Doy Year 2b HO
3 to Poge	(Type or Print) DANIEL KENNETH HENRY DEATH MATED 5-18-68, 2:30
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years 1 UNDER 1 YEAR 1 IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 28 HR
w delo	M AA 5-19-146 (12-14-14-15) MONTHS DAYS HOURS MIN Manth 5 Day 18 Year 168 2:30
9	70 BIRTHPLACE (Slote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X, 9. COUNTY OF DEATH
25 To 15	(Country) Licentico (S.A. WIDOWED DIVORCED DI Wicomico
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offer der along with the with the	Dalisbury Tellingura delletar 17672
s ofter 18 Giv along with 1 deoth.	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE Md. 13b COUNTYWicomico Salisbury YES X NO 720 Delaware Ave.
r de	
24 hours ofter death in Item 18 Give Page r's Office along with the States of States o	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
hin 24 nod in niner's poges hours	16d, WAS DECEASED EVER IN U.S. ARMED FORCES? TIAL SOCIAL SECTIFITY NO. 17 IMPORMANT CANDRESS
within 24 hours ofter death pencil in Item 18 Give Pages saminer's Office along with to le poges I ond 2 with the State 72 hours after death.	166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes-no, or unknown) (if yes give well or detes of service)  166. WAS DECEASED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO  17 INFORMANT  17 INFORMANT  18
tould be executed within 24 word pending in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours	
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xecu dani dedu herr perr	PART I DEATH WAS CAUSED BY Bullet wound of neck sudden
bending ief Medici nsit permi	Conditions, if ony, which gave )
Chi Chi	rise to immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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ER: This certificate should be executed within sertificate, writing the word "pending" in pencil ould be forwarded to the Chief Medical Examiness. hould be used as a burial-transit permit. File page ion, or remaval, and in any event within 72 hou	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
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his certificate, writing forwar. Be used in remaval.	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES  NO [  21b. TIME OF IN. JRY Month, Doy, Year   21c. HOW IN. JRY OCCURRED (Enter nature of source in Part 2 Item 18)
	216 EXTERNAL CAUSE WAS 216 TIME OF IN. JRY Month, Doy, Year 21c. HOW INJRY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18)  RIMARY DO CONTRIBUTING 1 - 18 48 Shot by policemen while attempting
(AMINER: Te the certificate the should be your files. Oge 3 should cremotion, or	CAUSE OF DEATH CAUSE OF DEATH
	₹ 121d INJURY OCCURRED 1.21e PLACE DE INJURY (At home form cheet 1.21f LOCATION Street or P.F.D. No. City or Town County Street
bical Examiner: please execute the cert director Page 4 should etained for your files. DIRECTOR: Page 3 shou or to buriol, cremotion,	WHILE AT WORK TAT WORK TO AT WORK
ICAL E exector Por Por Por CTOR: puriol,	22a. I certify that I taak charge of the remains described above, held an Autopsy 🗶 Inspection 🕱 Inquiry 🕱 and in my apin
se sectorined	death resulted from. Natural causes, Accident, Suicide, Hamicide, Undetermined manner
directal	ACTUAL CHIEF MEDICAL EXAMINER
EPUTY essary, ple funerol di ay be reti JNERAL D Ith prior	SIGNATURE ASS STANT MEDICAL EXAMINER 220 DATE SIGNED
O DEPUTY The funerossary, the funerossary S may be D FUNERA Heolth pr	EXAMINER'S Earl L. Royer, 1.00.  NAME (Type) 409 Camden Ave., Salisbury, Md address(Street, city, 19wn, or county)
ro DEPUTY DICAL EXAM necessary, please execute the the funerol director Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem	230 BURIA. (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY / 23d ONAT (County), (Store)
	Buren My 25 A Drew (Constitute darking Uncomico In
. M	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR S SIGNATURE
VR A15ME (5),	Booker West Funeral Home, Salisbury, Md. MAY 2 2 1968 Icharles Judge

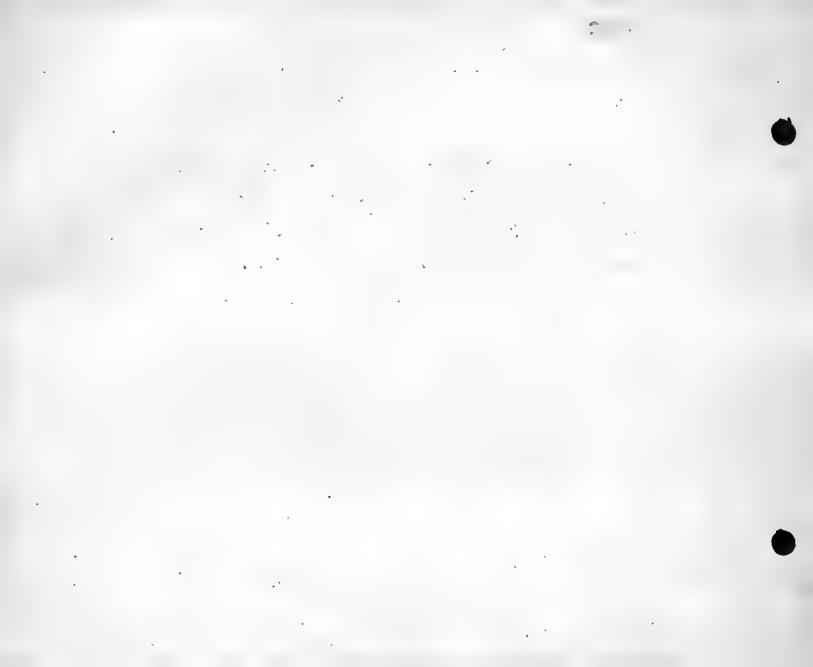
MARYLAND STATE DEPARTMENT OF HEALTH



MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI 1. DECEASED NAME Errst Midde 2g DATE KNOWN Manth 2b HOUR Day (Type or Print) OF 18 106812.27 DEATH MATED Pode COLLIER GRORGE ny delay 4 RACE 6 AGE (in years IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR and M3. I Menth Day 8 1968 White May 6,1923 Hale 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH (dunity) aryland WIDOWED [ DIVORCED [ U.S. A. Wicomico 8. Give Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR with. Peninsula General Hospital Funeral Director NDUSTRY Owner Salisbury 13a USUAL RESIDENCE (Where deceased gived if institut an Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY icomico Salisbury 513 Elberta Ave., YES NO IX lond 2 Office ofter 14 FATHER'S NAME First Middle last 15. MOTHER'S MAJDEN NAME First Middle Lost Hill Sr.. Franklin Louise Hagan .⊑ should be forwarded to the Chief Medical Examiners 17. INFORMANT 16g WAS DECEASED EVER IN L.S. ARMED FORCES? 165 SOCIAL SECURITY NO **ADDRESS** within (Yes, na or unknown) 215-14-3400 Mrs. Marvann S. Hill See Sec. 13 APPROXIMATE INTERVAL within be executed 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND GEATH permit sudden Crushed chest IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse to immediate cause (a), writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, 20 AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO | 121c HOW INJURY OCCURRED (Enter noture of injury o Port 1 or Port 2. Jeen 18.)
Driver of auto which ran off road and 210, EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 3 should PR:MARY IX OR CONTRIBUTING cremotion. 5-18-1068 CAUSE OF DEATH struck tree.
21f LOCATION Street or R F D. No 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Tawn County State AT WORK AT WORK 50, west of Hebron, Wicomico, Maryland Route 22a. I certify that I taak charge of the remains described above, held on Autapsy 🔀 Inspection X Inquiry X. and in my apinion death resulted from Accident X Suicide | Hamicide | Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 1968 May 21. DEPLTY MEDICAL EXAMINER 5 moy ro FUNE Health Dr. Earl L. Royer ADDRESS(Street, city town, or county) NAME (Type) 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 5-20-1908 Parsons Cemetery Salisbury, Maryland Burial 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250 REC D BY REG STRAR Milanes Judge Hill Funeral Home Salisbury, Maryland VR A15ME 10M REV 1 Damon T. Baber



			MAKYLAI	ND STATE DEPARTMENT OF I	ЛEALIH	
			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	+o4 2
		37730		CERTIFICATE OF DEATH		()
(1V) 100 c	i Di	CEASED-NAME First	Middle	, lgst	20 DATE OF DEATH	2b. HOUR
irs after death the funeral aggs 1 and 2 urs after death	{1	ype or print)	Andrew	HUDSON	May Month 31 Day	68 Year 11 25 M
unerd unerd 1 and er deal	3. SE	X	4. RACE / 1	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
s afte the f ages		MALE	MALTE	June J	909 lost birthdoy) YRS.	MONTHS DAYS HOLES MIN
urs urs	7a I	IRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUNTRY?	10.00	9. COUNTY OF DEATH	
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tithe 22 in the 22 in the 22	10. 0	Salisbury	11. NAME OF HOSPITAL OR II	ISTITUTION (If not in hospitol 120. USU.  General Hospite	AL OCCUPATION (Kind of work dane upst of working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY
withi	130		ed lived, if institution. Residence before	/ 13c CITY OR TOWN 13d INSIDE CTY	LIMITS? 13e. STREET AND NUMBER	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after debe be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funerale 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon toapers. Pages 1 and ed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after dea	odm	ssian) STATE De la wer			O 🔀	
se exe and c rema in any		ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
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equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and i		WAS DECEASED EVER IN U.S. ARN es, no, ar_nknown)   1st yes give w	or or dates at service)	NO. 17. INFORMANT	Address	11 - 1
tiffic shys	L'	es, iiu, di cylkilowii)	222-01-6	489 Mildred T. H.	udson Selby	ville, Dela.
The F		18. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (a	1)0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
af in the second		PART I. DEATH WAS CAUSED IMMEDIA	) BY. ITE CAUSE (o)A	dams Werkes C	ellous.	
affe affe an, (		4127	DUE TO, OR AS A CONSEQUENCE O			
at the partition of the		Canditions, if any, which gave	(b)	A.S.C.U.O.		years.
hat n. yy t ans		rise to immediate couse (a), stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE O	F		
es t sicio ad b al-fr		lost.	(c)			
quires th physician signed by burial-tral		PART 2 OTHER SIGNIFICANT COM		NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ng p	_	4331 Pa	eaveraber bail	w		
bee iar	I GIL	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The law reattending has been se as the the priar tall.	CERTIFICATION			YES 🔀 NO	CAUSES OF DEATH?	
ar ar us		210 ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Part 2,	Item 18.)
話記記	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin		r 19		
YSI asp cert cert thed	₩ Be	21d. INJURY OCCURRED 21e.		ACTORY ) 21f LOCATION Street or R.F.D. No	o. City or Tawn	County State
JING PHYSICIAL by the haspiral fiter this certifice be detached fa State Dept. af H	П	While Not while at work	( OFFICE BUILDING, ETC.	′		
NG NG terminate of the property of the propert	1	22a. I certify that (I) (th	is hospital) attended the deceo	sed from 1766, 19 1965, and that in (my) (our) op	, to May 31, 19	61, that (I) (we) lost
ND ND ND Nd b		saw the deceased a	live an May 3/	and that in (my) ( <u>our</u> ) op مرحمت	inion deoth occurred an the da	te ond haur ond from the
De			e, (I) (we) (did) (did not) view the	e bady after death.	20.	DATE CICARD
OR ATTEND be retained JIRECTOR: A le 3 should ed with the	1	22b. SIGNATURE	Fitzuel M.	D. DEGREE PHYS.	MED. DIRECTOR D STAFF D 5	DATE SIGNED
<u> </u>	L	22d. PHYSICIAN'S	1073000	22e. ADDRESS.	JIKECIOK L. PHIS. L. S	- 31-00
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta		NAME (Type)		Med	ical Center, Dali	sbury, Md.
UNE UNE	23 n	BURIAL, CREMATION, 23b.	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
O HOO Page of FUN direct	1	REMOVAL (Specify)	14/68 Donch	sto Mamorial Cem	· Dassboro. Sas	rex Dela
	24.	FUNERA) DIRECTOR	ADDRES		BY REGISTRAR 256 REGISTRARS	SIGNATURE
VR A15 (4) 30M REV 1/68	7	ichard T. a	later Selb	wille Dela DATE JI	BY REGISTRAR 1968 REGISTRAR S	ares Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	00 1 6 4 2
- all	1 JOSEPH CONTROL FOR DESTINATION OF	2b. HOUR
after diath		968 450PM
fur fur ter	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UND	DER I YEAR JE UNDER 24 HRS.
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S S S S S S S S S S S S S S S S S S S	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARDIED NO. MENTED AND MENTED 19. COUNTY OF DEATH	
24 hours of the by hours hours	country) 2. 2. 1 2 land  U.S.A WIDOWED DIVORCED WICOMICO	Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after daath. e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers a land 2 bept. af Health prior to burial, cremation, ar removal, and in any event, within 22 hours after death.	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired )  12b. USUAL OCCUPATION (Kind of work done during most of working life, even if retired )  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired )	S. KIND OF BUSINESS OR DUSTRY
wit, w	Salisbury Deer's Head State Hospital Laborer  130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LAWLES? 13d. STREET AND NUMBER	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon please should be detached for use as the burial-tremation, ar remayal, and in any event, within should be filled with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within	odmission) STATE 13b COUNTY WICOmico Hebron YES NO X	
nd nd	14 FATHER'S NAME. First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
n c se l	Joshua Johnson Alice Jefferz	on
care Sicus oles	16o. WAS DECEASED EYER IN J.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service)  Address	
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9 E	1B. CAUSE OF DEATH (Enter only one couse per .me for (α), (b), and (ε).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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tha an. by rran crer	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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sign bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
in i	Arteriosclerotic Cardiovascular Disease - years	
he lavattend attend as be e as le e as l	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO 100 NOTE: NO 100 NOTE: NO 100 NOTE: NO 100 NOTE: NOTE: NO 100 NOTE: NO	RED IN CERTIFYING
1.5	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18	B.)
Figure 1	S CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
YSIO aspla cert hed hed xt. a	₹ 21d tw. JRY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET FACTORY.) 21f ±OCATION Street or R.F.D. No. (city or Town	nty Stote
PH he h	While Not while of work	,
OR ATTENDING be retained by the JRECTOR: After a 3 should be at	220   certify that (1) (this hospital) attended the deceased from May 16 1963, to May 8 19 68	_, that (i) (we) lost
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OR Bine	couses stated above, (I) (we) (did) (MN NOX) view the body after death.	
RECT WITH WITH	220-SIGNATURE  ATTENDING  DEGREE PHYS  DIRECTOR D STAFF X 5/9	IGNED /68
be be		MANUELONA
RAL RAL be f	22d PHYSICIANS A. C. Mitchell, M. D. Deer's Head State Hospital, Sa	lisbury,
TO HOSPITAL Page 4 may TO FUNERAL director, page should be file		unty) (State)
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5-5	ADDRESS A SSO REC D BY REG STRAR 256 REGISTRADES SIGNAL	HURE Judge
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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2b HOUR DECEASED-NAME 2a. DATE OF DEATH hours after death (Type or print) 1968 OLLIE JONES 9:30A# 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF UNCER 24 HRS. lost birthdoy) DAYS MONTHS HOURS 9/2/1904 Male Colored 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fareign 9 COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED 1 (ountry)
Narylwnd DIVORCED [ WICOMICO WIDOWED [ requires that the death certificate be executed within 24 attending physician and campletely filled permit. Then please remave carban pape 10 CITY OR TOWN OF DEATH director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban pages bayen 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) INDUSTRY State Hospital Salisbury Nane 130 USUAL RES DENCE (Where deceased lived if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Princess 13b. COUNTY YES NO Rt. #3, Box 54 Somerset 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Jeseph Jenes Maria Waters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. ar anknown) (If yes give war ar dates of service) Anna Jones, Princess Anne, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thrombosis, right hemiplegia. days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any Which gave) signed by the burial-transet p (b) Generalized arteriosclerosis years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse Parkinsonism years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) OR ATTENDING PHYSICIAN: The law 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO TT 21a ACCIDENT WAS UNDERLYING 216. TiME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M OR CONTR BUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY / AT HOME FARM, STREET FACTORY 21f LOCATION Street or R F D Na State INJURY OCCURRED City or Town County While Not while to work 22a | certify that (1) (this hospital) attended the deceased from 111 y 15 ..., 19 63 , to 12y 17 ..., 19 68 , that (1) (we) last saw the deceased alive an May 17 ..., 19 68 , and that in (1) (our) opinion death occurred an the date and hour and from the 19 63 , tollay 17 19 60 , that 41) causes stated above, 10 (we) (did) (accion view the body ofter death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR 5/17/68 PHYS PHYS Maryland 22e ADDRESS 22d PHYSICIAN'S NAME (Type) Deer's Head State Hospital, Salisbury, C. H. Winnacott, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) 236 DATE (County) (Stote) 230 BUR AL, CREMATIDN Between Sprafy) 5/19/68 Grace Venton Maryland
EGISTRAR 236 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1968 30M REV JESS William H. James Jr. Princess Anne. Md DATE

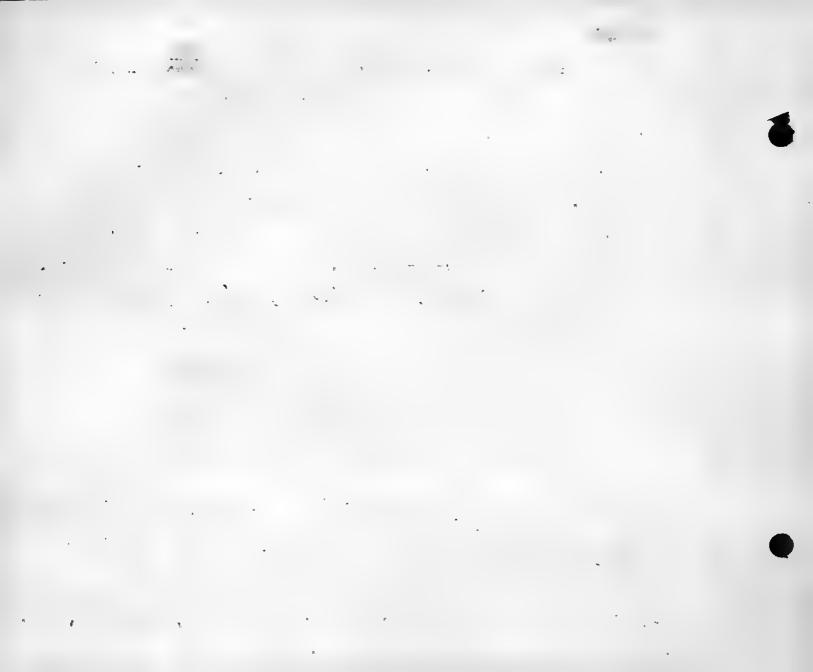


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11		.7739	DIVISION OF VITAL RECOI				, MARYLAND 21201	wy	40
7				CERT	FICATE OF DEAT	_			1 0
death.		(CEASED-NAME First Type or print)	M ddle		Last	2a. D	ATE OF DEATH  Month De	ov Year	2b. HOUR
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a diges	3 51	Mala	4. RACE		S. DATE OF BIRTH		6. AGE (In years lost birthday)	MONTHS DAYS HO	UNDER 24 HRS.
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exe emo any	14	ATHER'S NAME First	Middle L	tso	IS MOTHER'S MAIDEN NAM	E First	Middle		Last
in all	L	Benjamin	Nelson Jones		Lydia		Lewis	Jones	
ificate hysicia plea ral, an	160	WAS DECEASED EVER IN tS ARME es, notation with the server was	ED FORCES? of or datus of service) 16b SOCIAL SECT 222-05-	JRITY NO. <b>-0195</b>	17. INFORMANT Nettie Jor	res	Millsboro,	Delaware	19966
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Clan ital o ifficat far far f Hec	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day		1c. HOW INJURY OCCURRED (I	nter noture	at injury in Part 1 of Part 2	, IIem (b.)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Agained be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs.	WED!		PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET		of LOCATION Street or R.F.D.	No.	City or Tawn	County	Stote
ING by the frer be d	П	22a. I certify that (I) (this	s haspital) attended the de	ceased fran	n. 4-23 ,1	968.	la <u> </u>	hat (۱) <u>کیک</u> , that	(we) last
R: A	L	saw the deceased ali	ive on 5-4 (I) (we) (did) (did not) view	19 <i>_&amp;&amp;</i> the body o	, and that in (my) (aur). fter death.	apinion d	eoth occurred an the d	late and hour and	I from the
Station of the state of the sta	1	22b. SIGNATURE	0 - 10	0		MED	220	DATE/SIGNED	
OR be r	1	$\mathcal{U}$	Podle	- Wel	DEGREE PHYS.	MED DIRECTOR	STAFF PHYS.	5/5/68	
O HOSPITAL Page 4 may O FUNERAL   director, pagespauld be fil		22d. PHYSICIAN'S NAME (Type) WILLIA	mf. SAOLER	9'-	1220. ADDRESS MEDICA	L Ce.	UTER-SAL	15 bury	MD.
Fige 5	23 g	BURIAL, CREMATION, 23b. D.			Y OR CREMATORY		LOCATION (City or Town)	(County) (	(Stote)
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VR A15 (4)	24.	FUNERAL DIRECTOR	w de	DRESS	DATE N	D BY REGIS	RAR 256. REGISTRAR	arles Jud	at
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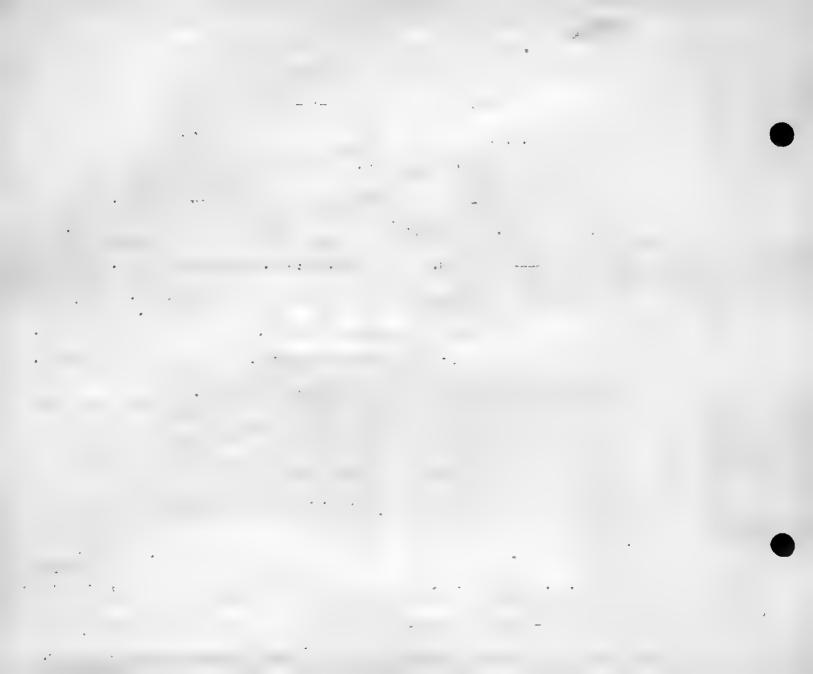


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF 2b. HOUR deoth. (Type or print) Frederick William Kohlheim 1968 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1903 last birthday) HOURS White Male Mav 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED TANEVER MARRIED "Waryland U.S. Wicomico DIVORCED [ WIDOWED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR THE THE STREET WORLD THE MENT LETTER INDUSTRY Salisbury Nursing Home buriol-tronsit permit. Then please remove carbon buriol, cremation, or remavol, and in ony event, with 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 3d. INSIDE CITY LIMITS? 13b COUNTS omerset odmission) STATE NO. RFD Princess 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Bertha Malchow August Kohlheim Address RFD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) 219-34-3953Mrs. Catherine Kohlheim, Princess Anne 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:

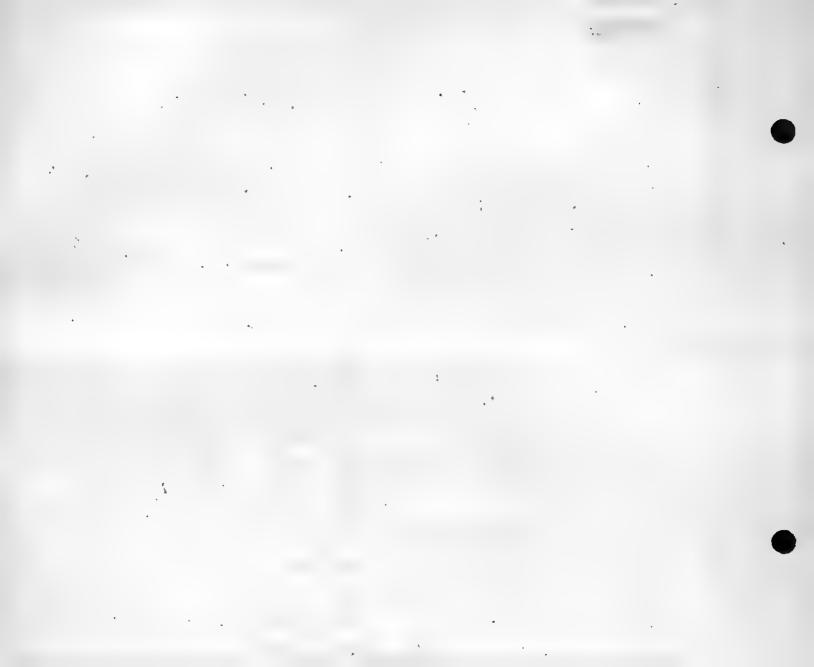
JMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗍 NO M 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town Stote 2:d. INJURY OCCURRED 21e. PLACE OF INJURY County While Not while of work 22a | certify that (I) (this haspital) attended the deceased from 5 \_, 19 G8, to 2 1966, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ah. eauses stated above (1) (we) (did) (did nat) view the bady after death. 22b LIGNATURE 22 DAVE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE 22n, ADDRESS HYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) 23o. BURIAL CREMATION. Venton, Somerst Co., 6/1/1968 All Saints Monie **ADDRESS** 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Princess Anne, Md. DATE JUN 5 1968



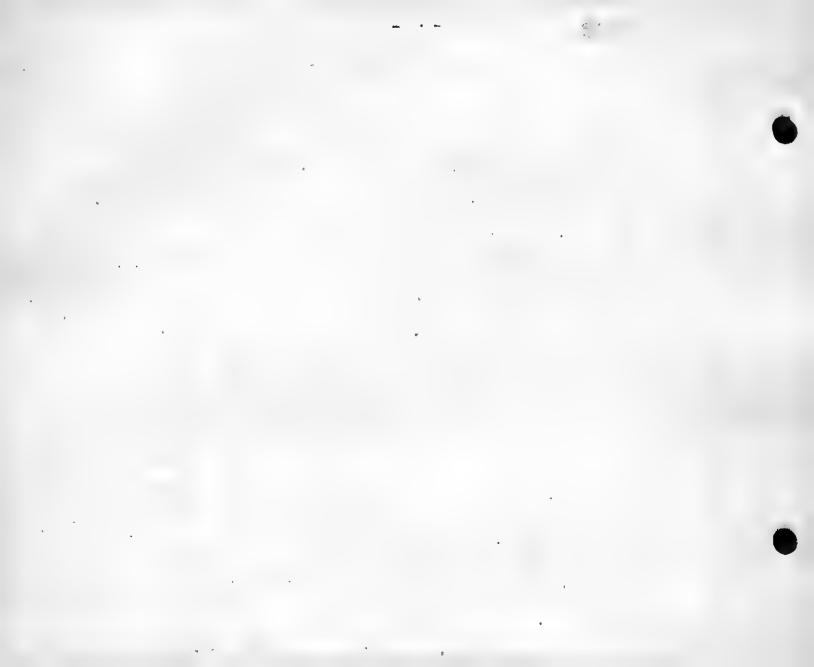
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2n. DATE OF DEATH 2b HOUR The low requires that the death certificate be executed within 24 hours after death. (Type or print) HOWARD PRENT Manth LANGRALL 10:15AM May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE [In years IF UNDER 24 HRS IF UNDER 1 YEAR burial-transit permit. Then please remove corban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after last birthday) White 11-13-1887 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [X] NEVER MARRIED[ (country) Maryland signed by the othending physician and completely filled in burial-transit permit. Then please remove corbon papers. WICOMICO DIVORCED [ U.S.A. WIDOWED [ 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR State Hospital dunna mast of warking life, even if retired.) Undustry Commerical Salisbury 130. USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c CITY OR TOWN 134 INSIDE CITY HMITS? 13e STREET AND NUMBER odmission) STATEMaryland 13WICOmico Hebron YES 🔀 NO 🗆 303 Main St.. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Howard Langrall Nannie Samuel В. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes na arunknawn) see sec.13 Yes. Mrs. Myra W. Langrall, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Toxemia due to arteriosclerotic gangrene rt. 14 Days foot. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave ) (b) Peripheral arteriosclerosis. years. rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying couse Generalized arteriosclerosis. vears. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s se as the b Hypertensive arteriosclerotic cardiovascular disease. 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? **ИОХ** YES 🖂 director, page 3 should be detached for use should be filed with the State Dept. of Health Page 4 may be retained by the hospital or this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from January 24, 19.68, to May 1, 19.68, that (I) (we) last saw the deceased alive an May 1, 19.68, and that in (my) (aur) apinion death occurred an the date and hour and from the . 19 68 , that (I) (we) last O FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) C. H. Winnacott, M. D. Deer's Head State Hospital, Salisbury. 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Salisbury, Laryland, 5-4-1968 Parsons Cemetery 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68 Hill Funeral Home Salisbury, Haryland



	1	MARTLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
V.		CERTIFICATE OF DEATH
2 2 2	1 D	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
eath eral ind 2	(	(upo or print)
2 5 - 3	3. 5	
at at	J. 3	D (2 : CC =   last butbaday   MONTHS   DAYS   HOURS   MIN.
to Sa to	$\mathbb{H}$	MALE WATE DEC. 12, 18 13 /2 YRS.
hour hour rs.		8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED ( NEVER MARRIED ( 9 COUNTY OF DEATH
within 24 haurs sly filled in by thom papers. Pay within 72-haurs	L	N. J. U.S.H. WIDOWED DIVORCED Wicomico Md.
hin 24 filled pape thin 7	10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreral should be detached far use as the burial-transit permit. Then please remove carbon papers. Page 11 and 2 should be detached for use as the burial, cremation, ar remaval, and in any event, within 72-haurs after teath ith the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72-haurs after teath		Salisbury  Perindical a General Hospital of working life, even if refired.)  Salisbury
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d co	14	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and and rem	ı	Ashland Lawrence Ellen Davis
he death certificate be attending physician ar permit. Then please r tion, ar remaval, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT Address.
fica ple al, a	'	(es, or of unknown) (If yes give war or doles of service) 143-22-3154A Clara Laurence, Wothsville, Va.
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tha Dy ran ren	ı	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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ing and a series of the series		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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bee the part of th	100	19a. DATE OF OPERATION 19b. CONDITION FORWARCH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
FHYSICIAN: The law ne he haspital ar attending this certificate has been detached for use as the subset of Health priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?
를 들는 기계 등 기계	E	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
for diameter		□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M Month Doy Year
SSPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. (if or Town County State
be be be		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
de te D	ı	at work at work
ADING d by t After d be c	ı	220. I certify that (I) (this hospitol) ottended the deceased from 19 00, to 3/7, 19 00, that (I) (we) lost
R: A	ı	220. I certify that (I) (this hospital) attended the deceased from 19 50, to 3 4 1, 19 50, that (I) (we) lost saw the deceased alive on 19 50, and that in (my) (out) opinion death occurred on the date and hour and from the causes stated above, (I) (ye) (drd) (drd nat) view the body after death.
1 to	ı	22b. SIGNATURE 22c. DATE SIGNED
OR John Per	ı	ATTENDING TO MED STAFF
99 50	ı	DEGREE PHYS. L DIRECTOR PHYS. L  22d PHYSICIAN'S 22e. ADDRESS
ZAL ZAL Per per per per per per per per per per p		NAME (Type)
Page 4 may be retained by the haspital ar attending physician.  (O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remove cartaly be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event,	-	
E BE E E	$1^{23}$	BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Style), REMOVAL (Spec. 1) 5-8-68 First Baot. Cem. Comoke Wor. Md.
2 2 7	L	surial 12-0-60 MISI Babi, Cerri, Poccinore Wor. 11191
VR A15 (4) 30M REV. 1/68	17	ADDRESS ADDRESS PRECIDING PAIR COLOR OF THE PROPERTY OF THE PR
30M REV. 1/68	PC	Rew Church, Va. DATE MAY 9 1968 Charles Jung



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR death. after death (Type or pant) Month CHARLES WESSELLS 3. SEX 6 AGE (in years last pirthday) MONTHS OAYS May 30, 1968 White YRS 24 hillurs 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ country) Wicomico May land WIDOWED RapyORCED LISA burial, cremation, ar removal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Į. General Hospital of working life, even if retired) INDUSTRY Salisbury remaye carbon campletè 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NO Salisbury 209 Holland Wicomico 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Middle Last Charles <u>Eugenia</u> Pauline Eitch Leonetti 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Father 2009 Holland Yes no, or unknown) attending phys Mr. Charles W. Leonetti, Salisbury, Maryland APPROXIMATE INTERVA CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the signed by the burial transit p Conditions, if any/which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The law 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) ( AT HOME, FARM, STREET FACTORY, ) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from saw the deceased objection. \_19 65, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased oliveron. couses stated above ((1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Dr. Alfred C. Kolls Medical Center, Salisbury, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 1, 1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland Burial 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A1II (4) 30M REV, 1/68 1968 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First M.ddia 2a DATE KNOWN A Month Day Year 2b. HOUR A (Type or Print) LEWIS 8:40 5-22-6810 JESSIE MAE DEATH MATED 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD  $\mathbf{F}$ AA 12-24-28 39 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Wicomico WIDOWED [ DIVORCED [ 8. Give Poges South Corling the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done ofter death should be forwarded to the Chief Medical Examiner's Office along with 12b KIND OF BUSINESS OR during most of markingflife, even if retired ) INDUSTRY Salisbury Peninsula General Tand 2 with 13a USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY Booth St. Ext. Wicomico Salisbury YES [X] NO [ in pencil in Item 1 ofter 14. FATHER 5 NAME Eirst Last 15 MOTHER'S MAIDEN NAME Farst Middle Last Nesl Sr. Lucille Tart podes hours 16g WAS DECEASED EVER IN U.S. ARMED EORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Yes, higgor unknown) James Lawis Booth St Ext. Salis. APPROXIMATE INTERVAL executed within 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c) ) permit. BETWEEN ONSET AND CLEATH PART I DEATH WAS CAUSED BY days Lobar pneumonia IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), This certificate should the certificate, writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) В or removat, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building, etc.) WHILE MOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy K inspection [X] Inquiry K. and in my opinion death resulted Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER 1968 May 24. Rover DEPUTY MEDICAL EXAMINER TI 5 may ro FUNE Reofth Salisbury, MdADDRESS(Street, city, town, or county) 409 Camden Ave., the 23g SURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Odd Fallow Cemetery Metipquin wicomico Ld FUNERAL DIRECTOR 25a RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE Clinton Stewart Funeral Home. Salisbury Md

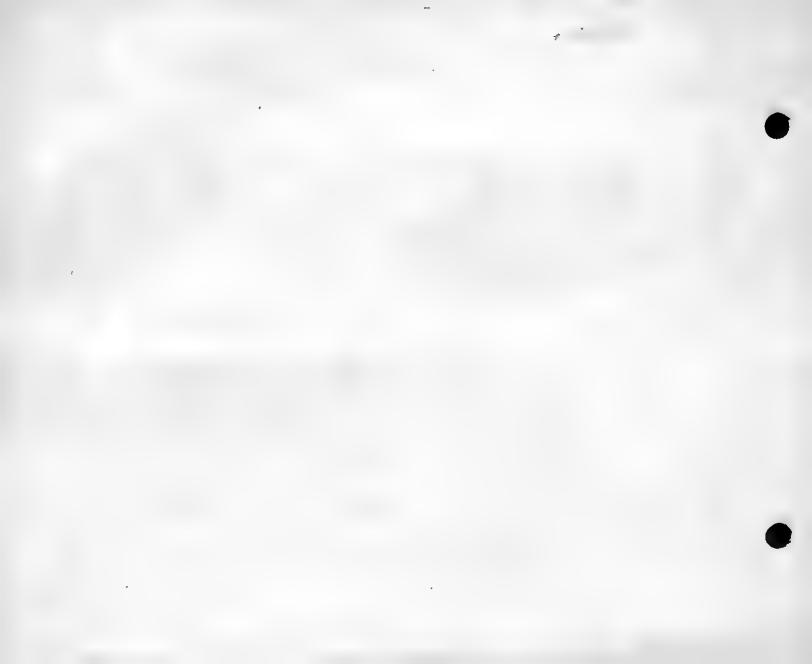


and and	1	1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
7	•		I	tem#4,FilmG401 6/26/68km CERTIFICATE OF DEATH	* * * * * * * * * * * * * * * * * * * *
	4 hours after death.		1. P	ACC OF DEATH COUNTY NICOMICO MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  2. USUAL RESIDENCE (Where deceased uved, if institution, Residence of STAFE to STA	comico
	ficate be executed within ysician and campletely fill please remave carbon. pl	1	3 (	IAME OF First Middle Lost John First Month  ECCASED Type or print)  EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH  C WIDOWED DIVORCED 5/25/1931  PAGE (In years Month)  WIDOWED DIVORCED 5/25/1931  PAGE (In years Month)  WIDOWED DIVORCED 5/25/1931  PAGE (In years Month)  WIDOWED DIVORCED 15/25/1931  PAGE (In years Month)  WIDOWED 12 DIVORCED 15/25/1931  WIDOWED 12 DIVORCED 15/25/1931  WIDOWED 12 DIVORCED 15/25/1931  WIDOWED 12 DIVORCED 15/25/1931  WIDOWED 15/25/1931	Doy Year  1/2 19 6 8  YEAR IF UNDER 24 HRS. Doys Hours Min  ZEN OF WHAT INTRY?
	equires that the death certificat physician. signed by the attending physici burial-transit permit. Then plee burial, crematian, ar removal, a		13.	FATHER'S NAME  William  Long  Long  Long  Id. MOTHER'S MAIDEN NAME  Long  Long  Long  Address  Address  IA. MOTHER'S MAIDEN NAME  Long  Long  Long  Address  Address	INTERVAL BETWEEN ONSET AND DEATH
			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.  (c)	?	
	N: The I ar atter ate has r use as ealth pri	2	CENTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19 WAS AUTOPSY PERFORMED? YES NO
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon-poshauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within	:	MEDICAL CEITTIE	saw the deceased alive an	8", that (I) (we) last
	TO HOSPITAL Page 4 may be to Funeral D director, page shauld be file	S.	ŗ	22d. ADDRESS  BURIAL (REMATION)  BURIAL (REMATION)  5/26/68  Tentley Chapel Cometery Pocomoke Some Address  FUNERAL DIRECTOR  ADDRESS  22d. ADDRESS  23d. LOCATION (City or Town)  Tentley Chapel Cometery Pocomoke Some Address  ADDRESS  25o. REC'D BY REGISTRAR 25b. REGISTRAR 5 SI  ADDRESS  25o. REC'D BY REGISTRAR 25b. REGISTRAR 5 SI  ADDRESS	GNATURE

two for one Film G401 6/21/68

MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 mm m m () CERTIFICATE OF DEATH 1. DECEASED NAME Erest Middle Lost 2a. DATE OF DEATH 2b. HOUR deoth (Type or print) Month deot LAURA MALONEY in by the funero L May S DATE OF BIRTH 6. AGE (in years lost birthdoy) IF UNCER I YEAR 4. RACE requires that the death certificate be executed within 24 hours ofter SEX ACHOM I OKYS HOURS May 2. 1892 White Female YRS. 76 itate has been signed by the ottending physician and completely filled in by to for use as the burial-transit permit. Then please remove corbon popers. Par Heolth prior ta burial, cremotion, or removal, and in any event, within 72 hours. o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Maryland S. A. WIDOWED DIVORCED [77] WICOMICO 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress)

Deer's Head State Hospital during most of working life, even if relired.) INDUSTRY Salisbury 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mary land YES NO Federalsburg 14 FATHER S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Elizabeth John Knowles Williamson 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates at service) Yes no or unknown) Denton Robert Maloney 273-10-3879 IB CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 5 days Acute myocardial infarction DUE TO OR AS A CONSEQUENCE OF Conditions, if only, which gove ) Arteriosclerotic cardiovascular disease Tears rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic Parkinson's Disease 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept of Healt be retained by the hospital or 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ATTENDING PHYSICIAN: HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town State 21d. NUJRY OCCURRED County While Not while causes stated abave (to (we) (did) (did tot) view the body after death. 22c DATE SIGNED 22b. SIGNATURE STAFF 5/27/68 DEGREE DIRECTOR PHYS. PHYS Maryland 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Deer's Head State Mospital, Salisbury. L. V. Maldve. M. D. 23d ¿OCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION 23b DATE (Stote) REMOVAL (Specify) May 30, 1968 Denton Cemetery Denton Caroline Md ADDRESS Federals burg 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Miaries Md . DATEMAY 29 Williamson Funeral Home 311 S. Main St. 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 20. DATE OF DEATH death. 2b. HOUR MayMonth The taw requires that the death certificate be executed within 24 hours after death (Type or print) 4968 CECILE **JAMES MATTHEWS** haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS of in by the fi June 4, White 1893 last birtheay) DAYS Female 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Mary and WICOMICO USA WIDOWED | DIVORCED | attending physician and campletely filled sermit. Then please remove carban pap 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done be detached for use as the burial-transit permit. Then please remove carban pol State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 12b, KIND OF BUSINESS OR Salisbury give street oddress) 704 S. Park Drive during most of working life, even if retired.)
Housewife INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wicomico odmission) STATE NO [ Salisbury YES . 704 S. Park Drive May land 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle First E11a Irring Payne Tapman 17 INFORMANT (Husband) 704 Andress Park Drive 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ar unknawn) No Mr. Leon S. Matthews, Salisbury, Maryland 214-10-9125B 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital or attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while I 22a. I certify that (1) (this hasuital) ottended the deceased from 16 224 , 19 62 , to 3 , 1962 , that (1) (me) last saw the deceased alive an 3 24 19 62 , and that in (my) (ear) opinion death occurred on the date and haur and from the directar, page 3 shauld be should be filed with the Stat couses stoted abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c, DATE SIGNED /1968 STAFF May スア DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. William B. Smith 402 S. Division St., Salisbury, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) May 27, 1968 Parsons Cemetery \$alisbury, Wicomico,Maryland Rurial 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Actionly Judge 30M REV. HOLLOWAY & COMPANY, SALISBURY, MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Year 4. RACE IF UNDER 24 MRS DATE OF BIRTH IE LINDER 1 YEAR 3. SEX 6. AGE (In years last birthday) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State orafareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED country) WIDOWED DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL DCCUPATION (Kind of work dope 10. CITY OR TOWN DE DEATH 12b KIND OF BUSINESS OR during most of working | fe, even if returd ) give street address) INDUSTRY director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with STREET AND NUMBER 130 LSUAL RESIDENCE (Waters, deceased lived, if institution, Residence before 3d INSIDE CITY JIMITS? admission) STATE 13b. COUNTY YES 🔀 ND [ 14. FATHERS NAME Middle First physician a 16a. WAS DECEASED EVER 16 U.S. ARMED FORCES? INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes lost. PART 2. OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or ottending FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO\_P 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Dov Yeor (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while 4/10,19/L, to death 220. I certify that (1) (this hospital) attended the deceased from.... 1319 42, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive on.... causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Ernest 1.00 Grove St. Delmar Larmore 23d COCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) (State) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15 (4) 30M REV, 1/68 **VR A15** 



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Farst 26 HOUR Middle Lost 20 DATE KNOWNES Yeor (Type or Print) ony delay is 2, and 3 ta PM3. Page NEWTON ESTI-SANDRA LYNETTE 1:38 % DEATH MATED IF JNDER 24 HRS SE JNDER 1 YEAR 2d HOUR 1: 38 M 3 SEX 4 RACE S DATE OF BIRTH 6, AGE (in years 2r. DATE PRONOLINGED DEAD ..68 6-16-48 Doy 7 7 Year  $\mathbf{F}$ AA 19 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Wicomico WIDOWED . DIVORCED | Maryland in Hem 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done after death 10. EITY OR TOWN OF DEATH 125, KIND OF BUSINESS OR shauld be forwarded to the Chief Medical Examiner's Office along with gverenthisula General during most of working life, even if retired) INDUSTRY Salisbury 130 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIM TS? 13e STREET AND NUMBER odm ssion) STATE Md. 13b COUNTY Wicomico Quantico Box YES NO T be executed within 24 haurs ) and 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Middle Hilds Nawton " ame E Gunhy pages pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If was give wor or dates of service) Hilda N Gunby Juantico Md. Box 44 File Œ event within IB. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Fractured skull minutes "pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF a buriol-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal nseq 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 NO AL the certificate, be 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 3 should b PRIMARY TO OR CONTRIBUTING Passenger in auto involved in collisio burial, crematian, CAUSE OF DEATH 2)e PEACE OF IN.LRY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City of Town 21d INJURY OCCURRED County Stote Quantico Road, Salisbury, Wic., Md. FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autapsy ... Inspection XI. Inquiry X. and in my opinion death resulted from: Natural causes A . Accident X Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER May 13, 1968 EXAMPLESEATI L. Royer, DEPUTY MEDICAL EXAMINER 5 m TO FUN Health Camden Ave., Schisbury, Md. address(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) duantico uantico Md Micomico 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Clinton Stewart, VR A15ME (5)



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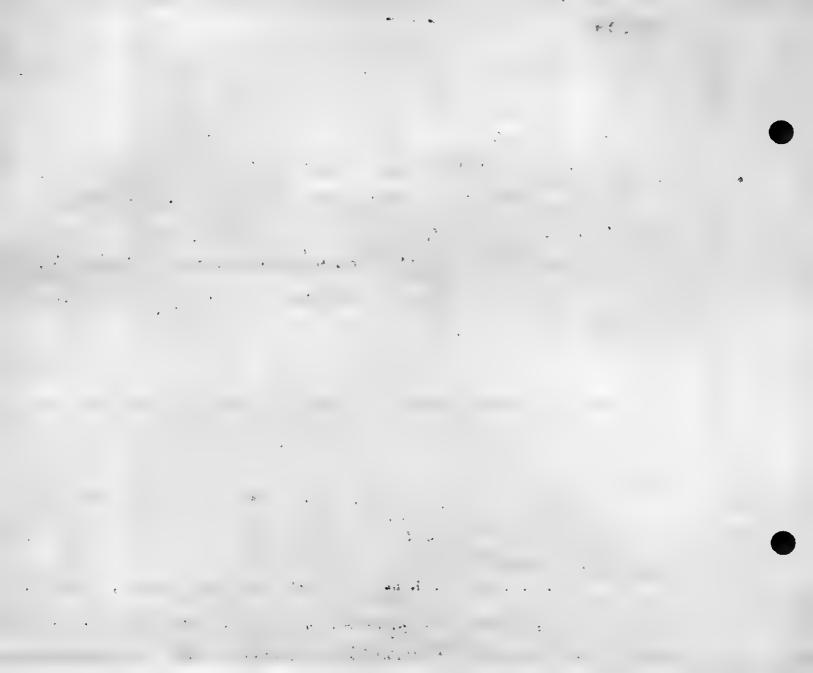
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J 5	DATE OF OPERATION 196 (	ONDITION FOR WHICH OPERAT	TON WAS PERFORMED	200 AUTOPSY? YES TO NO		IF YES, WERE FIND ES OF DEATH?	DINGS CONSIDER	RED IN CERTIF	YING
E 210.	ACCIDENT WAS UNDERLYING	G 216, TIME OF INJURY	21c	HOW INJURY OCCURRED (		ury in Port 1 or 1	Port 2, Item 18	)	
3 00	R CONTR BUTTING CAUSE OF DEATH	HOUR A.M Month	Doy Yeor			,		,	
	IN_LRY OCCURRED 2+e.	- / 1		LOCATION Street or R.F.D	ko. Cit	y or Town	Coun	ity	Stote
220	. I certify that (X) (this	s hospital) attended the	e deceosed_from_	May L	9 <u>68</u> , to_	lay 13	_, 19_68	, that (4)	(we) los
	sow the deceased of	We on May 13	view the horly ofte	nd thot in (444) (our) r deoth	opinion deoth	occurred on 1	the dote on	d hour ond	from the
22b.	SIGNATURE	1 0 /	Tier me body one		Hen	47477	22c DATE SI	GNED	
	WX	Malelly	DE	GREE PHYS	MED. DIRECTOR	STAFF EC	5/1	3/68 Maryla	
<b>22</b> d.	PHYS CIAN S NAME (Type) T.	V. Maldve, M	ח	Deer's I	Head Sta	te Hospi			
230 RUP			NAME OF CEMETERY	*					
REN	OVER 10 CA			norial Park	Salis	Dury, W	i comico	Mary	and
24. FJNE	RAL DIRECTOR		ADDRESS	2So RE	CD BY REGISTRAR	OCISS REGIO	TRACE SHOWA	yr Leve	1
H	DLLOWAY & COM	PANY, SALISB	URY, MARYL	AND DATE N	MAY L	1000		<i>u</i> ,	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 381 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH funeral 1 and 2 1 death. 2b. HOUR 24 hours after death (Type or print) May Month NORWOOD EDWARD PUSEY TO JOE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JE JINDER I YEAR IF UNDER 24 HRS Male White January 22, 1915 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Mary1and WICOMICO DIVORCED [ burial, cremation, ar remayal, and in any event, within 72 USA WIDOWED [ ISTITUTION (If not in haspitol 12c. USUAL OCCUPATION (Kind of work dane State Hospital during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 126 KIND OF BUSINESS OR law requires that the death certificate be executed within INDUSTRY attending physician and campletely. Fermit. Then please remove carban Salisbury Trucking 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JAITS? 13e STREET AND NUMBER odmission) Maryland Wicomico YES X Salisbury NO T 112 W. Vine Street 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last Edward Jefferson Davis Pusey Marv Pear 1 Heath Address 12 W. Vine Street Salisbury, Md. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Sister Yes, no ar unknown) Yes 220-01-9152 War 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Carcinoma of right upper, mid-lung with 11 months bony metastasis DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove ) O FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 should be detached far use as the burial-transit should be filed with the State Dept. af Health priar to burial, cremati rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying causel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO Ex YES 🗀 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from January 16, 1968, to May 5, 1968, that (1) (we) last saw the deceased alive an May 5, and that in (my) (aur) apinian death accurred an the date and haur and from the 19 68 , that (X (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR -DEGREE PHYS Maryland 22e. ADDRESS 22d. PHYS-CIAN'S NAME (Type) C. H. Winnacott, M. D. Deer's Head State Hospital, Salisbury. 230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Fruitland, Wicomico, Maryland John's Cemetery 1968 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REG STRAR 24. FUNERAL DIRECTOR 1968 30M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 55 Item#5, Film#G401 5/31/68km CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b, HOUR death. requires that the death certificate be executed within 24 hours after death (Type or print) Manth RHOCK HERMAN 9: 00A M May 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (In years IF ONDER 1 YEAR IF LINDER 24 HRS 82 (st year) MONTHS DAYS HOURS Colored 2/14/1866 Male 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [ ] NEVER MARRIED Maryland WICOMICO US WIDOWED 3 DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR ave street oddress Head State Hespital during most of warking life, even if refired) INDuSTRY Salisbury signed by the attending physician and camplets burial-transit permit. Then please remove card burial, crematian, ar remaval, and in any everit, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c QTY OR TOWN EBIT (NSIDE CITY LIMITS? 13e STREET AND NUMBER Princess YES NO Rt. #1 15. MOTHER S MAJDEN NAME First 14. FATHER'S NAME First Middle Lost John Rkeck Dela Wright 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Yes, no, ar unknown) (If yes give wor at dates of service) Wilton Rhock, Princess Anne, Maryland 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Toxemia due to severely infected decubiti 11-5 wks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Cerebral thrombosis due to arteriosclerosis. 5 years rise to immediate couse (o) (right hemiplegia) DUE TO, OR AS A CONSEQUENCE OF stating the undersying couse Hypertensive arteriosclerotic cardiovascular Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 015. Status post-operative subcapsular frac. rt. femur (Austin-Moore prosthesis) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the serould be filed with the State Dept. of Health prior to 1 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? NO TO 2.a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M Month Day Year OR CONTRIBUTING CAUSE OF DEATH P.M (If either, natify medical examiner) 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 23f LOCATION Street or R.F.D. No. 21d. INLURY OCCURRED City or Town County State While Not while 22a. I certify that (A) (this hospital) attended the deceased from September 1119 63, to May 20, 19 68, that (4) (we) last saw the deceased alive on May 20, and thot in (44) (aur) opinion death accurred on the date and hour and from the couses stated abave, ( (we) (de (did not) view the body after death. 22c, DATE SIGNED 22b SIGNATURE DIRECTOR PHYS PHYS 22d PHYSICIAN S 22e. ADDRESS Deer's Head State Hospital, Salisbury, C. H. Winnacett, M. D. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION. (County) (State) BUT 121 (Specify) 5/26/68 Venton Maryland Grace 1868 REGISTRACE CERNANTES 25a. REC'D BY REGISTRAP NIA 1 28 24 FUNERAL DIRECTOR William H. James Jr, Princess Anne, Md DATE

MAKTLANU STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 777 C . 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT Firs+ 20 DATE KNOWN 1. DECEASED-NAME Last Month Day 25 HOUR (Type or Print) MIRIAM RIGGIN 12 BEATH MATED 4. RACE 6 AGE (In years IF JNDER 1 YEAR IF JHDER 24 HRS 3 SEX 5 DATE OF BIRTH 2r. DATE PRONOUNCED DEAD 2d HOUR 9-12-98 F W 12 Year 10 6812 H 69 YRS 75 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country Maryland U.S.A. WIDOWED IX DIVORCED [7] Wicomico in Item 18. Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol the certificate, writing the ward "pending" in pencil in Item 18. Give Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street Teninsula General INDLSTRY Salisbury 130 USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c. CITY OR TOWN 138 INSIDE DITY JIMITS? 13e STREET AND NUMBER 13b COUNTY Worcester Pocomoke Md. Dudley Ave. YES 🔯 NO 🦳 certificate should be executed within 24 haurs writing the ward "pending" in pencil in Item 18 offer 14. FATHER'S NAME Eirst IS. MOTHER'S MAIDEN NAME Frank Chamberlin Sarah Elizabeth Long haurs bages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) 218-48-5128 Mrs Elizabeth White, Pochmoke, Md. event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. permit. BETWEEN ONSET AND DEATH Myocardial degeneration vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 Fracture of right hip 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? 5-9-68 Intertrochanteric fracture of right hip! YES NO NO 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) burial, crematian, ar 210 EXTERNAL CAUSE WAS 3 shauld PRIMARY TOR CONTRIBUTING T HOUR A.M. Stumbled and fell at home. CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc)
OWN home AT WORK AT WORK Dudley Ave., Pocomoke, Worcester, Md. Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry K. ond in my opinion director. Notural couses ... Accident X Suicide . Homicide deoth resulted from? Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER 226 DATE SIGNED Royer, May 14. 1968 DEPUTY MED CAL EXAMINER 5 may TO FUNE Heaith Salisbury, Md . ADDRESS(Street, city, town, or county) NAME (Type) 109 Camden Ave., 23c. NAME OF CEMETERY OF XEMOUREY. 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) 5-15-1968 Rehoboth Presbyterian Rehobeth - Som. - Md. ADDRESS. 250. REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE Home, Pocomoke, Md.





•	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~6%
HEALTH DEPT.	1 DECEASED NAME First ' Middle Lost 2a DATE KNOWN Manth Day	Year 2b HOUR
.v o o v	(Type or Print) A ROTHIER MORMAN ROYBIEV OF EST 1	
	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE IN years IN LUNDER 1 YEAR IN LUNDER 24 HRS 20 DATE PRONOUNCED DEAD	
	last halforether Mounted Days Main	lear 48 - C
	II AA (LUC) J. J. LOURS 5 5	19 685: 05 M
Je p	76. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT (GUNTRY? 8 MARRIED NEVER MARRIED N. COUNTY OF DEATH WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED WID	
form, form te De	WIOMIECO	Mo
ata garta esta esta esta esta esta esta esta es	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JStd., OCCUPATION (Kind of work done 12b K	KIND OF BUSINESS OR
after death any 8. Give Pages 1, 2, 9 olong with form PA with the State Departienth.	Salisbury   give street oddiessi sula General   during most of kork ng life even fretired.)   IND_S	Mine
after 8. Giv olong with 1 death.	130 USLA, RESIDENCE (Where deceosed lived, if instribution. Residence before 13c CITY OR TOWN	
hours after death Item 18. Give Pag Office olong with and 2 with the Sta after death.	odm ssion) STATE Md.   13th (OUNTYWicomico Salisbury   YES X NO   Lake St.	
hours Item 10 Office I and 2	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	Cirthur Rolling Sr. Jacks Jones.	
hin 24 ncil in nuer's poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT   1 INFORMANT	
within pencil xomine xomine 72 hou	(Yes, no, of unknown) (If fee give wor or dates al service)	
	To the property of	APPROXIMATE INTERVAL
	PART I DEATH WAS CABSED BY	BETWEEN ONSET AND DEATH
xecute iding" hedicol permit t withi	IMMEDIATE CAUSE (a) Lobar pneumonia	days
end Mt Mt Mt mt mt	DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if any, Which gave )  Inserta immediate cause (a), (b)	
ould word he Ch iol-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be on the Chief of the Chief buriol-transit I is ony ever	last. (c)	
g the sed to ed to ond	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should tate, writing the word be forwarded to the C be used as a buriol-tr or remayal, and in any	- 4 x	
This certificate, writin be forward of be used or removal,		20. AUTOPSY?
orte,	WAS PERFORMED?	YES NO
ertificate, ould be fast.	21a EXTERNAL CAUSE WAS 21b. TIME OF IN. JRY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.	
= 7 = .	PRIMARY OR CONTRIBUTING HOUR A.M.	
INER: Te certifice should be files. 3 should a should a should a should	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  21d. INJURY OCCURRED 21e PLACE OF No. AY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Cau	unity State
	WHILE NOT WHILE AT WORK AT WORK AT WORK	31010
ICAL IS EXECT FOR FOR CTOR:		ond in my opinion
cto of the bar	deoth resulted from: Notural couses 🔼 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌	
please directs reforme DIREC	CHIEF MEDICAL EXAMINER	
y, pleasing of prior to prior to	SIGNATURE 226 DATE SIGNE	
P. De	EXAMINERS Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER May 6,	1968
TO DEPUTY SICAL EN necessory, please execute the funerol director Po 5 may be retoined for TO FUNERAL DIRECTOR: Health prior to buriol,	NAME (Type) 409 Camden Ave., Salisbury, Md address (Street, city, town, pr county)	1
5 ± 5 0 ±	230 BUR AL CREMATON, 23b. DATE 23c MAME OF CEMETERY OR CREMATORY 23d (OCATION (City of Town) (Coun	ity) (Stite)/
100	Burist 5-8-68 Green Acres Cem Salistum Wic	muco My
(100)	24. FUNERAL DIRECTOR ADDRESS 250 REC.D.BY. REG.STRAR 25b REGIFTERAR S.S. GNAI	TURE
VR A15ME (5) 10M REV, 1/68	Booker West Funeral Home, Salisbury, Md PATE M.NY 10 1968 following	o fredat



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR papers "Pages I and 2 hin 72 haurs after death. pup Bra. (Type ar print) Manth arTha A.U 3. SEX 4 RACE ofter S. DATE OF BIRTH GE (In years last birthday) LUME 76 YRS requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Wicomico completely filled in 4. S. A. WIDOWED -DIVORCED VIRGINIA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10, CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hosp Themest atwark no life, even if retired) None Salisbury the attending physician and completely fisit permit. Then please remave carbon burial, cremation, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JUNITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY D 20 KEENS 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First Last MES LIVER 40 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) / AT HOME, FARM, STREET, FACTORY, 1 21F LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased from 5 - 1 , 19.6a., to 5 - 6 , 19.6a., that (I) (we) last saw the deceased alive an 5 - 6 19.6a and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (D) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAMF (Type) 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR-CREMATORY 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) CUNHINGHAM CEMETERY DANUILLE PITTSYLVANIA 2So RECIO BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) H. James Jr. Princess Anne, Md 30M REV 1/68



37760		301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	on fo
1 OCCIACIO NAME				Ter years
DECEASED-NAME First     (Type or print)		Last	2a DATE OF DEATH Month Da	Y Yeor 2b. HOUR
MAR		SIMPSON	5 4	1968 6;45AM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAN
<u>Female</u>	White	Aug 14,18	399 68 YRS.	
7a. BIRTHPLACE (State or foreign cauntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	Wicomico	Md.
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12	a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
Salisbury	Sp. Hill Pr	Sani.	ring most of work on life, even if retired.) HOUSE WITE	Own Home
	sed lived if institution. Residence before		DE CITY LIMITS? 13e. STREET AND NUMBER	
adm ssion) STATE	13b COUNTY VICOMICO	Salisbury YES	306 Charles	St.,
14 FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN I		Last
George	T. Tyndal	LI I	li.nni.e	Bennett
160. WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b. SOCIAL SECURITY I		Address	
Yes, na, ar unknawn) (If yes gove	war or dotes of service)	Mr. George	T. Simpson see sec	13
		0		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	nly ane cause per line for (a) (b), and (c) D BY.  ATE CAUSE (a)	can three	Lous	Between Store vite Books
4109	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if ony, which gove rise to immediate cause (o),	DUE TO, OK AS A CONSEQUENCE OF	land Bell	reactions	
rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	- yes		
stating the underlying couse	(a)			
- 1 5° ~ 1	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(a)	
1 1 4	2 Thouse a			
199 PATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	-//	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
131	.,	YES 🗆	NO CAUSES OF DEATH?	
210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	Item 181
OR CONTRIBUTING CAUSE OF OEA			the state of triply my and y or rail a,	
	PIACE OF INJURY CAT HOME FARM, STREET, FAC		F.D. No. City or Town	County State
While Nat while	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	7 ETT, LOCKHOR SHEET OF K.	city of town	Zanit Julie
	us bassitall attended the decess	nd from	, 1968, to	60 , that (I) (we) last
saw the deceased	ils naspital) attended the decease	960, and that in (my) (ai	, 19 <i>0 K</i> , ta <u> </u>	ate and hour and from the
causes stated abay	e, (I) (we) (did) (did nat) view the	bady after death.	aparan dodin deconou di the de	219 and habi and name the
22b. SIGNATURE			22c.	DATE SIGNED
17,20	a turker	4 71123	E DIKECTOK - PHIS - I	-6-1968
22d. PHYSICIAN'S		22e. ADDRESS	bury, Maryland	
NAME(Type) Br. F	hilip A. Insley	Salls	oury, Maryland	
	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
PENCOVAL (Spacify)	_6_1968 Parsons	Cemetery	Salisbury, Wico	mico. Maryland
24. FUNERAL DIRECTOR	ADDRESS	2Sa.	REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE CONTROL
1 112 2 2 2 2 2 1 1 1 TI-	me Salisbury, Mar	yland DATE	MAY 7 1968 /	COPULATE NO.

MAKILAND STATE DEPAKTMENT OF HEALTH

\* . . .

2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	*G5
HEALTH DEPT.			Year 2b HOLR
1 2 8 E 12		(Type or Print) Charles Herman Stillwell, Sr. Of EST. DEATH MATED _ 5 /1	1968 12 AM
2, and 3 to PM3. Page	3 \$	Day MONTHS DAYS HOURS MIN Manth Day Year	2d HOUR
Part Part	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1968 12 AM
- E		ontry) Ohio USA WIDOWED DIVORCED Wicomico	Md
ath age: th fo	1D (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND	OF BUSINESS OR
ve P g wil		Salisbury give street doors to Road during rost of working if e even if retired.) INDUSTRY	Soun Co
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bical Examiner: sse execute the cert ectar. Page 4 should ined far your files. RECTOR: Page 3 shau a burial, crematian		Wh. E NOT WHILE factors office building, etc.)  AT WORK AT WORK AT WORK AT WORK	- he
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My, Perd be r be r price		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 2220 DATE STORED	1-68
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TO 1	230	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR (REMATORY 23d. OCATION (City or Town) (County)	(State)
		REMOVALISPENTY 5-15-1968 Mansfield Cemetery Mansfield, Ohio	
VR A15ME (5)	24.	Thomas R. Wallace Salisbury Md. DATE MAY 13 1968 Clienter	Judge !
10M REV 1/68	1	Thomas F. Wallace Salisbury, Md. DATE WAY 13 1900	11 0



	MARTLAND STATE DEPARTMENT OF HEALTH				
(1)1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	CERTIFICATE OF DEATH				
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cate be	Donald Tital Wilson Sturgis Catherine Beine Pecemetre—C  a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give own or defens of service)  16b SOCIAL SECURITY NO. 17. INFORMANT Address				
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ATTENDING troined by flored: After Invold be dith the State	22a. I certify that (I) (this haspital) attended the deceased from 5/11, 1968, ta 5/11, 1968, that (I) (saw the deceased alive an 5/11, 1968, and that in (my) (aur) apinion death accurred an the date and haur and focuses stated above, (I) (we) (did) (did not) view the bady after death.	we) last ram the			
O HOLPITAL OR ATTEN Fage 1 may be retoined O FLWIRAL DIRECTOR: director, page 3 moule Should be filed with the	22b. SIGNATURE  Lillian C. Margan DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR PHYS. 5/13/68  22d. PHYSICIAN'S  NAME (Type)	ر 			
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TO ROIPITAL Rage 1 may TO RUNIRAL director, poc	REMOVA (Specify) My 13, 1967 Green acres Salishury Weed ?	ote)			
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,		, MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OK (		CERTIFICATE OF DEATH
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€ <b>( ( ) ( ) ( )</b>		ECEASED-NAME First Middle Lost 20. DATE OF DEATH  (ype or print) / 20. DATE OF DEATH  20. Month Day Yeor 20. Month Day Yeor 20. DATE OF DEATH
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by by our	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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filled in 724 thin 72	10. 0	ITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in bosnito) 120 USUAL OF CUPATION (Kind of work done 12). KIND OF SUSINESS OR
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e death certificate b attending physician permit. Then please on, or removal, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address of service of
rtific shys		facel strugged telment to
The Ge		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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JAN al al far far He	B	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SIC Sprit Sed ed e	MEDICAL	(If either, notify medical examiner) P.M. 19
HY ha ach ept	2	21d. INJURY OCCURRED While Not while 12 to PLACE OF INJURY (AT HOME FARM, STREET EACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
the Det		at wark at work
tat		22a. I certify that (1) (this haspital) attended the deceased from 1900, to 0/91, 1908, that (1) (we) ast
N S S S S S S S S S S S S S S S S S S S		saw the deceased alive on
E S S S S S S S S S S S S S S S S S S S	ı	causes stated abave, (I) (Ive) (did) (did not) view the bady after death.
With the Park		22b. SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED
DIR Fed		DEGREE PHYS LI DIRECTOR LI PHYS. LI S - 4-68.
Par Par e fi		NAME (Type) DE TOURS TO BUILD TO A BUILD TO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		OSDOHENO J. DURTON MEDICAL CENTER, SAUSBURY, MID.
S S S S S	23a	BURIAL, CREMATION, 236 DATE, 23c NAMS OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
0 g 0 g 2	1	REMOVAL (Specify) 5/7/68 St. Steenen, Com. Delmar Sugar Del
	24.	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 5 SIGNATURE 1
VR A15 (4) 30M REV. 1/68		William & Morand Delana Delana DATE Mat 6 1968 greaters grantes

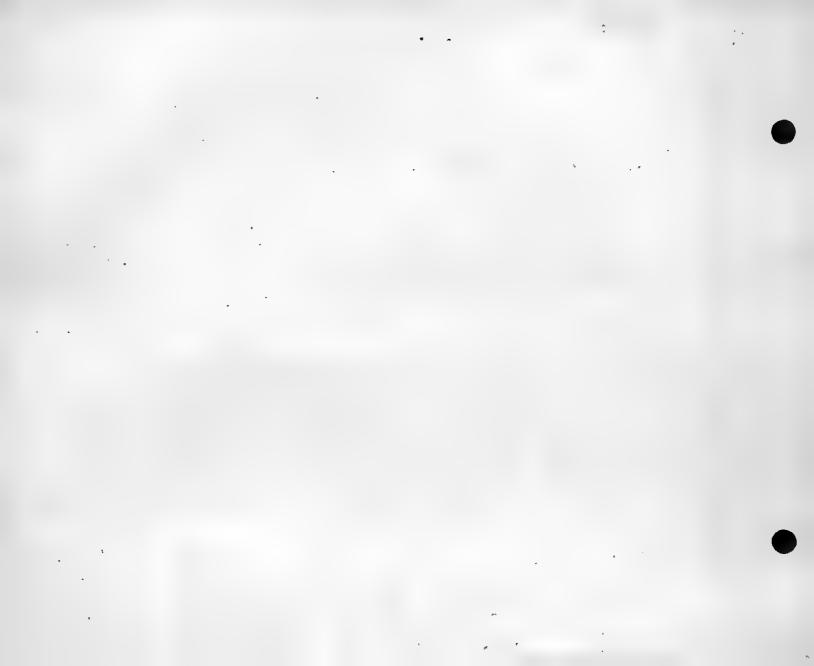


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7				17.64	DIVISION OF VITAL RECORD	CERTIFICATE O	·	(E, MAKTLAND 2120)	. 103
	f Z			CEASED-NAME First (pe or print)	Middle	Lost		DATE OF DEATH Month Doy	Ygor 2b HOUR
	offer death		3. SE	mark	4. RACE	S. DATE OF	F BIRTH	6. AGL (In years last bethay)	F JNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	~ B/2		7a. I		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER A		UNTY OF DEATH	
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	within 24 ely filled ban pape within 7	, ,		TY OR TOWN OF DEATH Salisbury	Perlinsula	General H	ospiinanit of	UPATION (Kind of work done working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
1	cuted amplet ave car	ot of	13o odm	USUAL RESIDENCE (Where decease ssion) STATE ARYLAN C	ad lived, if institution: Residence before 13b COUNTY	13c. CITY OR TOWN	13d. NSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	78
	be exe	as š	34. 1	ATHERS NAME First	Middle Lost	. 11	NKNOW	Middle A	Lost
	tificate shysicia n pleas val, an		16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (11 yes give wi	ED FORCES?  ar ov dates of service)  16b. SOCIAL SECURI  2 24 -t	- 3	ira' The	Address Bax 8, 1	Berlini mb.
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages Abould be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs.			PART I. DEATH WAS CAUSED IMMEDIA  A f  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE  (b) Type Consequence  (c)	ctrat her	ho vare	la disease	APPRIXIMATE INTERVAL BETWEEN ONSET AND DEATH  4/28/68  ACC X X 2222
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transland be filled with the State Dept. af Health priar to burial, crease.		NON	23/×	DITIONS CONTRIBUTING TO DEATH BUT		UTOPSY?	ION GIVEN IN PART 1(a)	ONSIDERED IN CERTIFYING
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	5 PHY: the hat this ce detach e Dept.		2	While Not while ot work	1	FACTORY, 21f. LOCATION S	120/ 1V	City or Town	County State
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	OR AT: be refail nIRECTO e 3 sho ed with			22b. SIGNATURE	ALL		NDING MED	STAFF 22c. I	DATE SIGNED
	FITAL T may t ERAL D Dr, page d be file			22d. PHYSICIAN'S NAME (Type)	)	22e /	ADDRESS		
	TO HOSPITAL Page 4 may O FUNERAL I director, pag	0	230.	BJRIAL, CREMATION, 23b. I REMOVAL (Specify)		OF CEMETERY OR CREMATOR	Y 23d	Serlin (City or Town)	(County) (State)
	VR ATS	4)68	24.	FUNERAL DIRECTOR Lorella B.	Jolley Jersey	Levery, me	250. REC'D BY REG	ISTRAR 286. REGISTRAR'S	SIGNATURE Judge

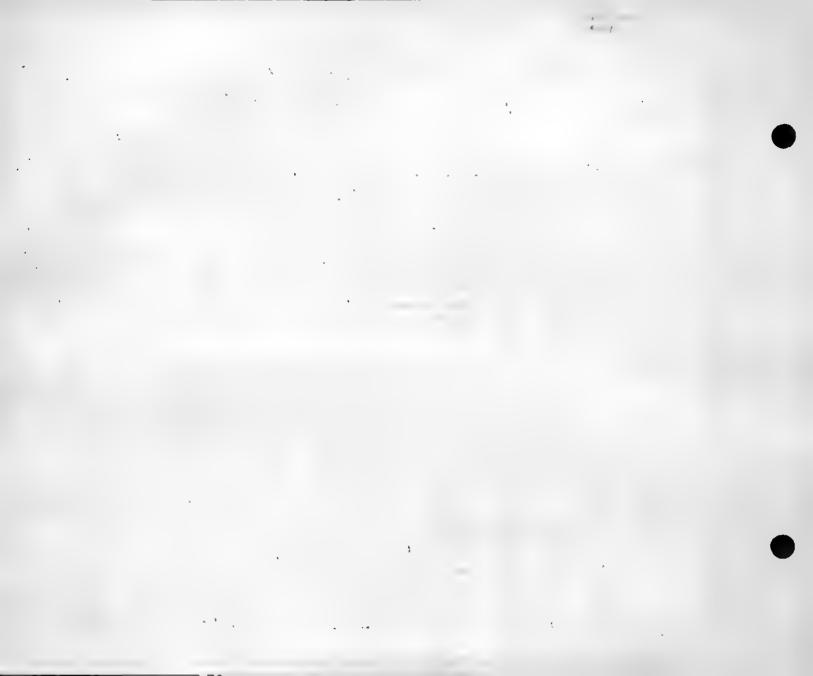


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death MA Y<sup>Month</sup> (Type or print) 3 1988 4:20A HERMAN **OSCAR** THOMMEN 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) HOURS September 28,1910 White Male 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED **o runeral Director**: After this certificate has been signed by the attending physician and campletely filled in bi director, page 3 shavld be detached far mse as the burial-transit permit. Then please remave carban papers. country) DIVORCED [ WIDOWED | WICOMICO Virginia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address! during most of working life, even if retired)

Swner & operator Grocery Store Salisbury General Hospital Peninsula 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗔 NO E 706 Baker Street Wicomico Salisbury Mar v land 14 FATHER'S NAME Middle Last 15. MOTHER 5 MAIDEN NAME First Middle First Ber tha Martin Thommen Burri Address / 06 Baker Street 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) (If yes give war or dales of service)
War II Yes, na, or unknown) 214-10-9405 Mrs. Violet M. Thommen, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO | 21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) ( AT HOME, FARM, SIREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 4 00, 1900, to 5, 1968 that (I) [we] last saw the deceosed alive on 1968 and that in (my) (our) opinion death occurred an the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME(Type) Dr. Wilber Ellis. Jr. Medical Center, Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION REMOVAL (Specify) May 6, 1968 Salisbury, Wicomico, Maryland Parsons Cemetery 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68



	_	- 1	MARITAND STATE DEFARIMENT OF REALIN
-	1	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
and the same of th		-	CERTIFICATE OF DEATH
	5.2	- 1	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
to to to	eral arth		(Type or print) JOHN W. TOWNSEND MAY 15 1968 4 8 M
9	5	13	SEX 4 RACE 4 S. DATE OF BIRTH 6. AGE (IN years I F LINGER I YEAR IF UNDER 24 HRS.
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<u>.</u> E.		- 1	Salisbury  11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital  12a USUAL OCCUPATION (Kind of work done libbusiness or library)  13b Kind OF Business or library  14a USUAL OCCUPATION (Kind of work done library)  15c Kind OF Business or library  15c Kind OF Busi
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- E	campletely lave carba ly event, w	1	mission) STATE dele 136 COUNTY Susalf Delmer YES NO 11/E, Drove St.
exe	and campletely remave carba n any event, w	-² [ī	FATHER'S NAME First Middle Last I IS MOTHER'S MAIDEN NAME First Middle Lost
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		, !	22d PHYSICIAN'S 22e. ADDRESS
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH deat (Type or print) Month 1968 WAILES MARY VICTORIA requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGF (In years IF UNDER 1 YEAR F JNDER 74 HRS. last birthdoy) DAYS MOMINS HOURS Sept. 3 White Page 4 may be retained by the hospital ar attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Paginector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Paginedly be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours. Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X (כטקיוץ) U.S.A. Wicomico Maryland WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Spring H during most of working life, even if retired) None None Pr. Sani. Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 13b. COUNTY
Vicomico 326 N. Div. St.. YES TO NO Salisbury arvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Todd Wailes Anna Llenezer L. Miss. Laura Wailes, See Sec 13 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, po, or unknown) Unknown APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE-OF Canditians, if any, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO SET YES 🗍 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work saw the deceased alive an 1968, and that causes started abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED 5-9-1968 ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) . Salisbury, Maryland Philip A. Insley 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, (County) REMOVAL (Specify) Salisbury, Maryland 5-12-1968 Parsons Cemetery 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Hill Funeral Home Salisbury, Maryland

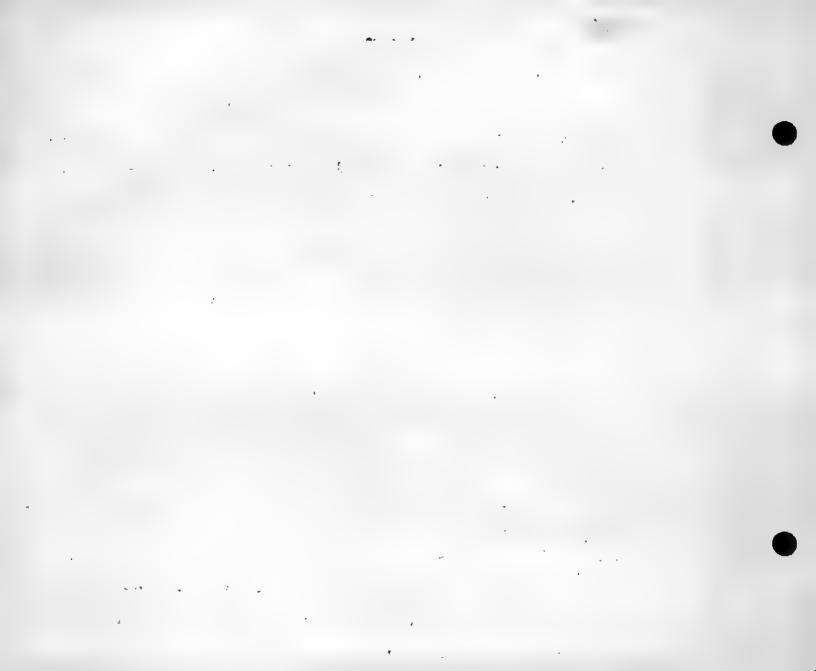
MAKTIAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2g. DATE OF DEATH First 2b HOUR requires that the deoth certificate be executed within 24 hours after deap (Type or print) Month Year OSCPA 4. RACE 3 SEX S DATE OF BIRTH 6 AGE (In years JE LINDER I YEAR IF UNDER 24 HRS (ast birthday) DAYS YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. hin 72 h Wicomico WIDOWED DIVORCED [ campletely filled IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR General Hosp TVal working life, even if retired) INDUSTRY Salisbury director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, with 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗔 NO. Middle 14. FATHER'S NAME Mindle Last IS. MOTHER'S MAIDEN NAME First HARDESTY 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no. or unknown) APPROX MATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause uotic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) FUNERAL DIRECTOR: After this certificate has been 1.64 19g DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [ 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 181) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 2.d INJURY OCCURRED City or Town County State While Not while at work 3 -// -1968, to\_ 5 -26 . 1968 . that (1) 22a. I certify that (1) (this hospital) ottended the deceased fram.... saw the deceased give an 5-25-1962, and that in (my) (eur) opinion death occurred on the date and have and from the couses stated abave. (1) (we) (did) (altimot) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b DATE NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) 1968 FUNERAL DIRECTOR **ADDRESS** REGISTRAR'S SIGNATURE VR A15 NO WER 30M REV. TXLB 1050, DATE



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		CLEGA	•	CERTIFICATE OF DEATH		51613
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TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a	BURIAL, CREMATION, 23b. D		F CEMETERY OR CREMATORY		(County) (State)
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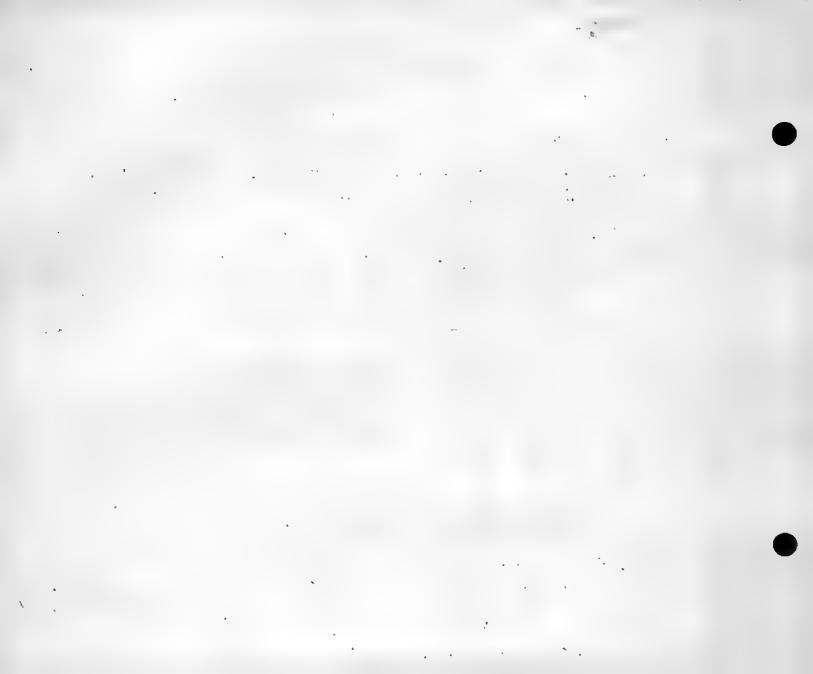


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED NAME First requires that the death certificate be executed within 24 hours after death. Month (Type or print) WHITE JULIA He/PHERSON IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) HOURS White 1-19-1897 YRS Female buriol, cremation, ar removal, and in any event, within 72 hours 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) WIDOWED K DIVORCED | Wicomico Maryland completely filled 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired)
House Wife give street oddress) **INDUSTRY** corbon Salisbury Peninsula General Hospital Own Home 130. USJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO [ 712 S. Park Dr., Salisbury i comico Maryland 14. FATHER'S NAME Middle 15. MOTHER 5 MAIDEN NAME First Middle Lost First Adams Alexander McPherson Evlyn Charles physicion c 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Mirs. Doremus W. Tufft, Salisbury, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Emboi ulmoner IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if any, which gave: 10884 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crea stating the underlying cause Cer cen once an are as PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 161 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES ST NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this bespite) attended the deceased from March 26, 1968, to May 7, 1968, that (I) (a) last saw the deceased olive on 1968, and that in (my) (a) apinian death accurred an the date and haur and from the saw the deceased olive on... couses stoted above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE-ATTENDING MED DIRECTOR 5-8-1968 Y DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Pine Bluff Rd., Salisbury, Maryland NAME (Type) Thomas C. Hill. Jr. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Salisbury, Maryland Parsons Cemetery 2Sb. REGISTRAR S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Hill Funeral, Home Jalisbury, Laryland

MARYLAND STATE DEPARTMENT OF HEALTH

		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	424
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			11.00
RAI RAI Pe f		122d PHYSICIAN'S NAME (Type) John GBUIKeLey 120-ADDRESS 1/N & BIUFFRO, SALIST	ver mil
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b director, pare 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 holes.			7/11/
HG Gge FU	230		ounty) (State)
5 5 5 s	_	130 KPPYL 5-15-1968 TOWN CEMETERY LYNDON CENTER	VI
VR A15 (4)	24.	FUNERAL DIRECTOR  ADDRESS  ADD	ATUKE CLESCE
30M REV. 1/68		Hill tuneral Home Salisbury, Md. DATE MAY 15 1968 form	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECC-DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2a. DATE OF DEATH requires that thm death certificate be executed within 24 haurs after death. death Month filled in by the funeral papers. Pages I and (Type or print) 6-US havrs after 4 RACE S. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last-birthday) White April 30,1968 7o. 8IRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED (COUNTRY) Maryland director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 ha USA Wicomico WIDOWED Bab DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF GEATH 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Penthetila General Hospital af warking life, even if retired.) **INDUSTRY** Salisbury and campletely 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3e. STREET AND NUMBER 13b COUNTY Wicomico Salisbury Rt. 5 Maryland 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Wilgus Patricia Edward Ouentin Ann Smith physician 17. INFORMANT (Father) 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) [If yes give wer or dates of service] Mr. Edward Q. Wilgus, Salisbury, Maryland APPROXIMATE INTERVAL BETWEEN ONSELVAND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) QUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse -OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REFEMINAL DISEASE OBCONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [ 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from. 19 68 to 5/2 1968, and that in (my) (our) opinion death occurred an the date and haur and from the saw the deceased alive an\_\_\_\_ couses stated abave, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE STAFF DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Salisbury, Maryland Dr. D. G. Anderson 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Salisbury, Wicomico, Maryland 1968 Springhill Memory Gardens 24. FUNERAL DIRECTOR 250. RECID BY REGISTRAR Elianes Judge VR AT5 (4) 30M REV 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH** 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR death (Type or print) Month 1968 **ELWYN** CHARLES WINNE Mav ofter 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINOFR 1 YEAR last birthday) MONTHS DAYS HOURS White March 6, 1888 Male 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) New York USA WICOMICO DIVDRCED | WIDOWED | 10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital buriol, cremation, or removal, and in any event, within 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within R.D., Valleywood Drive during most of working life, even if retired.) Retired Manager INDUSTRY Merchant Salisbury and completely 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d. INSIDE CITY EMITS? 13e STREET AND NUMBER 13b COUNTY YES [ ] NO 🗆 Salisbury Valleywood Drive Wicomico Marvland 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First First M ddle Winne Ernest Joanna Mabe R. D. Address Valleywood Drive (Wife) 160. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16b. SOCIAL SECURITY ND. 17. INFORMANT Yes, po, or unknown) Mrs. Mabel E. Winne, Salisbury, Maryland APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I, DEATH WAS CAUSED BY sero. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE\_OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗍 FUNERAL DIRECTOR: After this certificote 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2.d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (i) (this hospital) attended the deceased from 1968, to 5-27, 1968, that (i) (we) lost sow the deceased alive on 5-25, and that in (my) (or opinion death occurred on the date and hour and from the couses stoted obove, (i) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING May 29 /1968 DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. William B. Smith 402 S. Division St., Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) May 31, 1968 Salisbury, Wicomico, Maryland Parsons Cemetery 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (41) \ 30M REV 1/68 1968 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2g. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death. dType or print) Month Wolf Edward C. signed by the attending physician and campletely filled in by the fu<u>mentations</u> burial-transit permit. Then please remave carban papers. Pages if an burial, crematian, ar remaval, and in any event, within 72 hours after des Mav 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years TE UNDER YEAR IE LINDER 24 MRS. 12-1-1880 last birthday) HOURS White Male YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED T NEVER MARRIED T New Jersey U.S.A. WIDOWED X DIVORCED [ Wicomico 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during coort of warking life, even if retired ) ove street address)
Deer's HeadStateHospital---INDUSTRY Salisbury blications 13a USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER Hab COUNTY Worcester YES 🐷 NO T Front Street Pocomoke Maryland
14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Last Middle Dilkes Wolf Anthony 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Deer's Head Hospital Records Yes no or unknown) 055-09-7435 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. Lobar Pneumonia - Right Lower Lobe Days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) RECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept af Health priar to Chronie Pylonephritis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES DE NO I 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 220. I certify that (I) (this hospital) oftended the deceosed from 3/27/67 sow the deceosed give on 5/10/68 19 \_\_\_\_, and that in (m to 5/10/68 O FUNERAL DIRECTOR: After . 19 \_\_\_\_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stored, above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. May 11, 1968 DEGREE directar, page s shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Box 2018, Salisbury, Md. - 21801 Leonid Maldve, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE (State) (County) Cremation Wilmington, 5-11-1968 Silverbrook Crematory Delaware 168 REGISTRAR'S SIGNATURED ADDRESS 24-FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 [4] Pocomoke City, Md. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

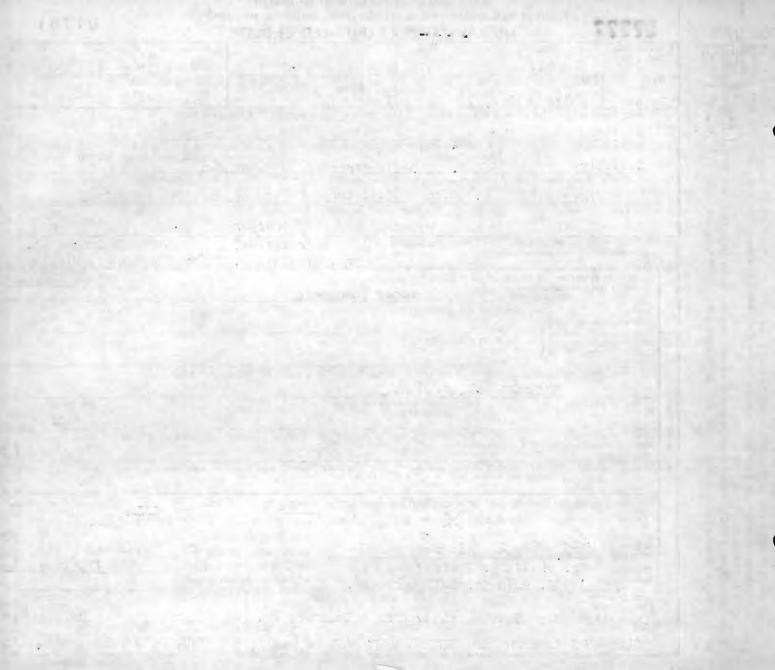
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1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
and the state of t		CEASED NAME A First Middle Last Last 2a. DATE OF DEATH 2b. HOUR POP OF MAY 8 1968 Year 10 PM
	3 SI	MALE  A RACE  S. DATE OF BIRTH  12/8/19/8  6 AGE (In years if Junder 24 NES MONTHS DAYS HOURS MIN  12/8/19/8  19/85.
Man 4	70 cour	WICOMICO Md.
WILLIAM Y	10. (	TY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital local Description of Working life, even if retired.)  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital local Description of Working life, even if retired.)  INDUSTRY  INDUSTRY
a a a	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN 13d. MISTOE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY W/CO M/CO 73-Kin YES NO
	14.	ATHERS NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES?  1/b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a)  A CUTL  TRN 4  FACILITY  2 WEEK  2 WEEK  TO SERVE TO SERV
director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 h		DUE TO, OR AS A CONSEQUENCE OF.  Conditions, If any, which gave)  Der, to w. f.s.  4 we fe
ıl, crem		rise to immediate cause (a).  Stating the underlying cause lost  (c) Diverticulit & perforation + obstruction 4 wells
2	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
).	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR Contributing   CAUSE OF DEATH   HOUR A.M. Manth Day Year (If either, notify medical examiner)  P.M. 19
	WEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
		22a. I certify that (1) (this hospital) attended the deceased from 1967, 1968, to 57004, 1969, that (1) (we) last saw the deceased give an 1969, and that in (my) (aur) appropriate day the date and hour and from the
s shaul with th		22b SIGNATURE 22c DATE SIGNED
be filed		22d PHYSICIAN'S MAME (Type)  DEGREE PHYS. DIRECTOR DIRECT
should	<b>2</b> 3a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Single)
director, page 3 shauld	24.	FUNERAL DIRECTORY  ADDRESS  256. REGISTRARS SIGNATURE  DATE  MAY 1 2 1968  Clicarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALPH DEPT. First 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTI-168 SARAH VIRGINIA 15 DEATH MATED May IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d. HOUR puo Yeor 168 12/27/25 42 YRS White Female. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Virginia USA WIDOWED [ DIVORCED [77] in Item 18. Give Poges WICOMICO ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital the Chief Medical Examiner's Office along with land 2 with the Sta 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 00 Salisbury 500 F. Isabella Street unknown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY Wicomico admission) STATE Salisbury 304 Oak Street YES NO offer 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Mike Margaret Wymer Wymer poges hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 222 Spruce St. 17. INFORMANT (relative) pencil (Yes, no, or unknown) (If was nive war or dates of service) Mrs. Virginia W. Totten, Massanas, Virginia E No within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH Lobar Pneumonia IMMEDIATE CAUSE (a)\_ ony event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 SO 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES X MO eq 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should 4 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry X ond in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. May 17./1968 Dr. Philip A. Insley DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNE Heolth ADDRESS(Street, city, town, or county) NAME (Type) 116 E. Main St., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Silverbrook Cemetery Co. | Wilmington May 17, 1968 Delaware Cremation 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 10M REV. 1/68



		MARTIANIZSIALE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CENTITICAL VI DEATH
and 2		CEASED-NAME First A DERTA WOERNER DAY Month 2 Day 1968 6 AM
a a	3. SE	last hithday) Manthis Chare Houses Min
1)	7a 1	December 23, 1874 93 YRS.  December 23, 1874 93 YRS.
ノ	cour	Maryland USA WIDOWED TO DIVORCED Wicomico Md.
20		Salisbury  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work dame live street address)  Peninsula General Hospital None  126. KIND OF BUSINESS OR INDUSTRY
22	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before sistent) STATE Maryland 13b. COUNTY Wicomico Salisbury 13b. COUNTY
1	14. 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
		Samuel Wicks Frances Johnson
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ) Daughter)  Address 360 Carey Ave.
		es, no. ar unknawn) (Il yes give war ar dates of service)  Mrs. Pearl Rash, Salisbury, Maryland
	NOI	PART 1. DEATH WAS CAUSED BY:    HAMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF
4	CERTIFICATION	YES NO PERSON OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   Control of injury in Part 1 ar Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   Control of injury in Part 1 ar Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   CONTROL OF INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
	M	21d. INJURY OCCURRED While Not while of work  At Home, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town County State  County State
		220. I certify that (f) (this hospital) attended the deceased fram 1967, 1967, ta 6/77, 1968, that (f) (we) last sow the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
		22b. SIGNATURE  ATTENDING  DIRECTOR   STAFF
-		22d. Physician's NAME(Type) Dr. William B. Smith 22e. ADDRESS 402 S. Division St., Salisbury, Md.
	23a.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	04	Part I I I I I I I I I I I I I I I I I I I
8	24.	MAY 2 1 1300 #
	_	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE

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